

Chemist & Druggist

OCTOBER 22 1977

THE NEWSWEEKLY FOR PHARMACY



Cleanse.

Tone.

Moisturise.

THIS GIRL HAS A FACE VALUE OF £300,000.



TV in the South East and other selected regions.

Vichy are spending £300,000 this year exclusively for your benefit.

In a new, hard-hitting TV and press campaign, over 15 million women will be learning about the Vichy Three-Step Skin Care Routine.

And because Vichy Skin Care is sold exclusively through Chemists, only one person will be benefiting.

You.

VICHY SKIN CARE
Exclusive to Chemists.



National press in women's magazines.

**Aspirin in
perspective**

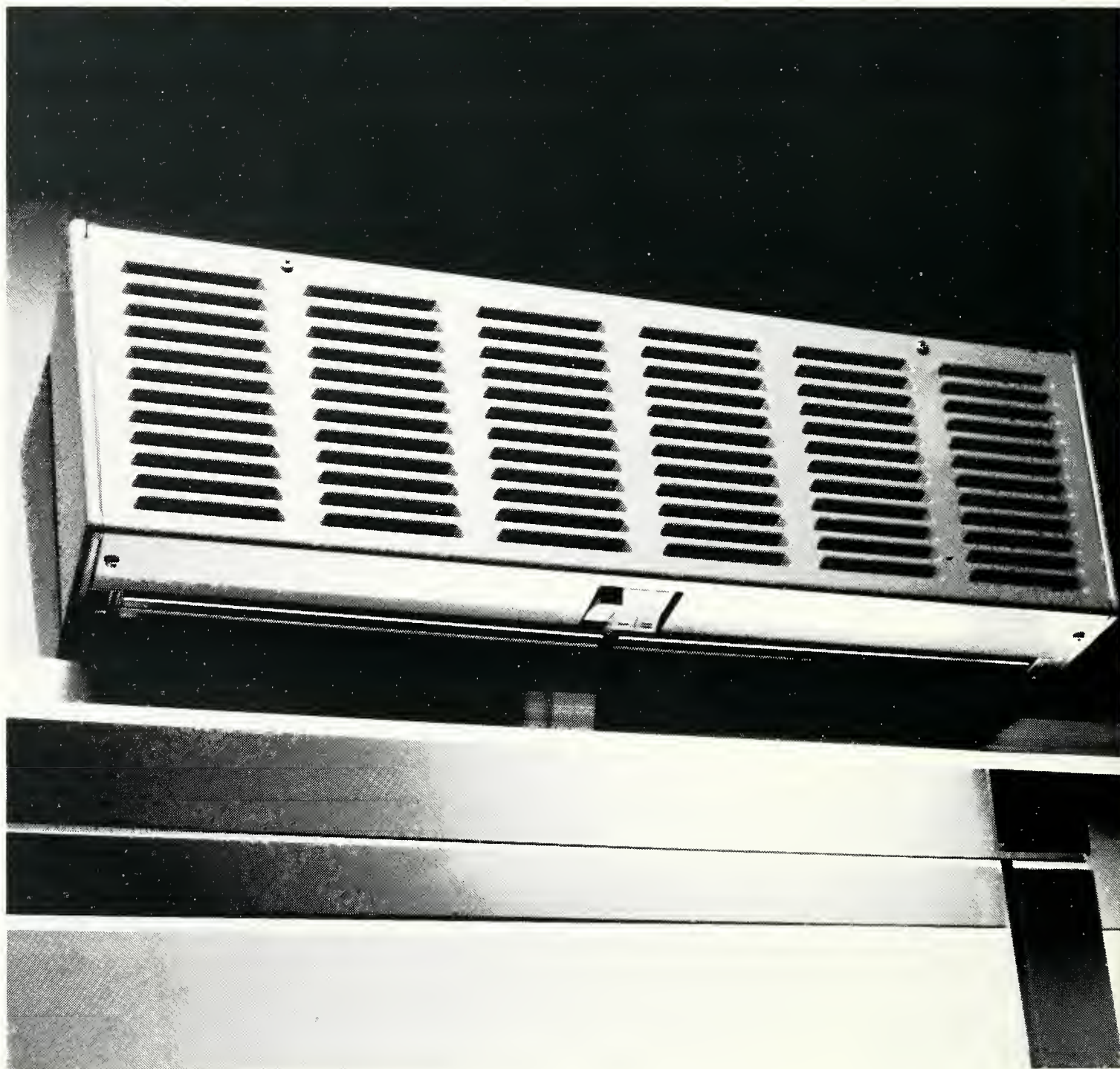
SPECIAL FEATURE

**FPCs seek
bulk orders
for doctors**

**More details
of Part III
proposals**

**VAT schemes
to be revised**

The Shop's Assistant.



This winter every shop could do with some extra assistance.

You can get real assistance from a warm air curtain. It helps keep the cold out and attract the customers in.

The warm air curtain is just one of the many electric heating systems.

You don't have to tear the place apart to install electric heating, and because there are no jets, pumps or

burners it is clean and inexpensive to maintain.

Running costs can be kept to a minimum with thermal insulation and by selecting the right system and tariff for the job.

And that's where your commercial heating specialist can help.

You can contact him through your local Electricity Board shop or office.

And his advice is free.

HEATELECTRIC
The Electricity Council, England and Wales.

Chemist & Druggist

The newsweekly for pharmacy

22 October 1977 Vol 208 No 5089

119th year of publication

ISSN 0009-3033

Editor Ronald E. Salmon, MPS

Advertisement Manager Peter Nicholls, JP

Director Arthur Wright, FPS, DBA

Contents

Comment ☐ More than label sticking	603
Health spokesman offers support for pharmacy	604
VAT special schemes to be revised	605
FPCs seek bulk supply packs for doctors	606
Irish vets call for more restrictions on drugs	608
The Xrayser Column: Better prescriptions	609
Further details on the Part III proposals	610
Incontinence—no more a shameful secret?	619
Aspirin in perspective: SPECIAL FEATURE	625
Nationalisation—is it a threat or a promise?	636
New production site for R-M in Ireland	638
Coming Events 640	New Products 612
Company News 638	On TV Next Week 612
Equipment 618	Prescription Specialities 612
Letters 637	Trade News 613
Market News 640	Classified Advertisements 641

Published Saturdays by Benn Publications Ltd

25 New Street Square, London EC4A 3JA (01-353 3212)

Editorial and Advertisement Offices

25 New Street Square, London EC4A 3JA (01-353 3212)

Telex 27844

Regional Advertisement Offices

Midlands 240-244 Stratford Road, Shirley, Solihull, West

Midlands B90 3AE (021-744 4427)

North East Permanent House, The Headrow, Leeds LS1 8DF
(0532 452841)

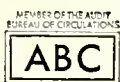
Scottish 74 Drymen Road, Bearsden, Glasgow (041-942 2315)

North West 491 Chester Road, Old Trafford, Manchester
M16 9HF (061-872 5151)

West Country and South Wales 10 Badminton Road, Downend,
Bristol BS16 6BQ (0272 564827)

Subscription Department 125 High Street, Colliers Wood,
London SW19 2JN. Telephone 01-542 8575

Subscription Home £22 per annum. Overseas
£24 per annum. 50p per copy (postage extra)



Comment

More than label sticking

The pharmaceutical industry's most favoured scheme for monitoring adverse drug reactions, outlined last week (p553), has much to commend it but from the pharmacist's viewpoint it does little to enhance his professional role—instead it uses him as something of a bureaucratic middleman.

The Association of the British Pharmaceutical Industry is suggesting that the Prescription Pricing Authority should extract from all prescriptions for new drugs basic information concerning the doctor, patient and medicine prescribed. The information, stored in a data bank, would be used in two ways—either for immediate follow-up of all patients being treated with a particular drug if a serious side effect arose, or for sending out routine questionnaires to doctors to identify possible drug-related reactions. Pharmacists would use some simple marking technique to identify the FP10s, such as a stamp, code or label from an original pack.

At a Press conference last week, Dr Brian Cromie, a vice-president of ABPI, said the industry opposed any drug monitoring scheme which was so expensive in money and resources that the cost compared with potential benefit was unrealistic (the present scheme would cost about £12 million a year, depending on what extent the data bank was used for follow-ups). The industry was against any scheme which gave limited information on a few patients so that normal introduction of new drugs was delayed for no good reason. Nor did it favour schemes which involved doctors in extra work, dissuaded them from prescribing new drugs or altered the normal doctor-patient relationship. Special FP10 forms were rejected as making patients suspect their treatment. Finally, the industry opposed extra payments for prescribing new drugs because a basic tenet of the NHS is for doctors to select the optimum treatment without financial considerations.

In short, the industry wants to see a prescription-based rather than a prescriber-based scheme, which would thereby include only those prescriptions actually dispensed rather than those which never get presented to a pharmacy at all. The CSM will ultimately decide what form post-marketing surveillance should take, but the ABPI's scheme could be implemented within six months, longer if pack changes were necessary.

The rationale is basically sound, but what role for the pharmacist other than as a highly qualified label sticker? Perhaps a greater involvement in the existing yellow card reporting system is one answer, with pharmacists encouraging patients to tell their doctor if they experience some unusual effect. But this relies on the patient deciding whether or not it is worth making a special journey back to the surgery when the disease may already have cleared up in the meantime.

A better alternative may be for pharmacists to have separate reporting systems running in conjunction with, but not duplicating, the yellow card scheme. Whatever system is finally adopted it should lead to the patient accepting that it is the pharmacist's role to be consulted over the effects of drugs. Indeed, the pharmacist is probably better placed than anyone else to do so.

Health spokesman offers support

Dr Gerard Vaughan, Conservative spokesman on health, would like to see an extension of the pharmacist's role and positive action taken to improve the profession's status within the health team. He has also suggested financial incentives to help pharmacies stay in business.

At the Conservative Party conference last week, Dr Vaughan outlined to Miss Maureen Tomison, head of the Pharmaceutical Society's publicity, the actions he would like a Conservative government to take, one of which would be to reverse the trend towards health centres which had so often damaged the close relationship between pharmacist, doctor and patient.

Miss Tomison, answering questions from the Society's Barking and Havering Branch on Monday, said Dr Vaughan told her that a Conservative Government would have to make it easier financially for GPs to set up group practices outside health centres. As a doctor, he had always been convinced of the pharmacist's important role, particularly in recent months following the excellent contacts built up between the profession and politicians, so he and his colleagues would do their best to halt pharmacy closures.

Pharmacists had not been consulted soon enough in major decision making, Dr Vaughan had added. Governments had previously been too ready to listen to GPs.

All could be lost

Miss Tomison explained to the branch that a great deal of support had been won in the campaign to get better remuneration for chemists but all could be lost if pharmacy failed to put its message across in a clear, consistent and credible way.

Sanctions were not the ideal way, she continued, as they might alienate those MPs who were sympathetic to the profession's case. "We don't need to beat the government on the head—all we have to do is persuade MPs that our case is good. We're not screaming for a vast amount of money; it's a tiny sum in political terms. We should continue to fight through the House of Commons," she said, "I hope it will never be necessary to recourse to strikes."

MPs of all parties have again pledged their support for a Parliamentary motion seeking a better deal for pharmacists (last week, p554). Mr David Mitchell, Conservative MP with special responsibility for small businesses, hopes to bring the matter up in the House, and Mr Andrew

Roe, chairman, Conservative Small Business Bureau, says his bureau will examine pharmacy's case.

Miss Tomison was speaking at the first of 10 branch meetings she will address during the next three weeks. She has sent a further letter seeking support for pharmacy to all MPs.

PSNC seeking property costs with rota formula

The Pharmaceutical Services Negotiating Committee is seeking a formula for treating property costs relating to rota hours and revising the area formula used in the allocation of property costs during normal business hours.

At last month's meeting it was reported that the Department of Health was still unable to agree to the notional rent on freehold property being based on current costs but that the Department's offer did represent a substantial improvement on the previous position. The Committee agreed to the Department's proposal that the calculation of the notional rent should be based on the leases obtained in the last three years prior to the inquiry.

Additional pharmacist claim

The Committee could not accept the Department's reasons for rejecting the Committee's claim for an "additional pharmacist allowance" and decided that further representations should be made.

The Committee considered a letter from the Department following its approach to the Association of the British Pharmaceutical Industry concerning the possibility of implementing a common price change date and the abolition of the discounting of net ingredient costs. The ABPI had indicated that although it was not in a position to introduce a mandatory scheme for a common price change date it could recommend to its members the adoption of such a procedure.

Due to the large divergence of views within its membership on whether or not discounts were desirable the ABPI had indicated that it was most unlikely that individual companies would agree to the discontinuance of discounts and that any attempt by the Association to advocate a common policy on discounts would probably need registration under the Restrictive Trade Practices Act and that it would not be ABPI policy to become involved in such agreements.

Following a request from the Welsh

Office for comments on the provision of a Welsh Form FP10 or a bilingual Form FP10, the Committee is to reply that it is totally opposed to the production of either.

During a discussion on the requirement that certain liquid preparations should continue to be supplied in fluted bottles concern was expressed at the variety of sizes and types of "ethical" medicine bottles which did not coincide with the British Standard bottles produced by the glass manufacturers. It was agreed that representations be made to the ABPI to try to persuade manufacturers to supply preparations in sizes corresponding to the standard bottles used in general practice pharmacy.

Resulting from representations made to the Department in July about the importance of the inclusion of at least one general practice pharmacist on boards appointing area pharmaceutical officers the Committee received a reply stating that the Department recognised there may be a case for some additional guidance specifically about the selection and appointment of pharmacists, particularly in senior posts. It understood however that a number of authorities did seek from the Regional or Area Pharmaceutical Committee the nomination of a general practice pharmacist to serve on the appointing Committee. The Department said it had not yet reached a decision on whether formal advice on selection procedures was needed.

Kidney donor cards

The Department has completed its examination of the methods employed in making kidney donor cards available to the public and it proposes to issue to each pharmacy on the Family Practitioner Committee's list a display dispenser and 100 cards, commencing early in 1978. Meanwhile, the cards and dispensers continue to be available from FPC offices.

Agreeing to send representatives to the Department to discuss proposals for implementing the Medicines Commission's views on ways in which patients could be provided with more information, PSNC indicated its willingness to co-operate but could not agree to extra work being undertaken by pharmacy contractors in this respect unless it was adequately remunerated.

Bulk buying for doctors

The Department of Health is considering supplying CSSD packs to doctors and introducing a "bulk buying" system to enable doctors to have their own stocks of IUDs, according to *General Practitioner* last week. In Scotland a bulk prescription scheme allows doctors to order bulk supplies of dressings and some drugs from pharmacists on an FPI0A. The Department of Health said they had not yet decided how to operate the scheme nor what CSSD packs would be involved.

VAT special schemes to be revised

The VAT special schemes and treatment of credit charges are to be revised, taking effect from January 1, 1978. No retailer should have to change his scheme or his method of reckoning gross takings, but if, because of the new rules, he can use, or wishes to use, one of the other special schemes he will be permitted to change on January 1, 1978. He will also be able to change his method of reckoning gross takings, provided that he has not previously made a change between March 11, 1976 and December 31, 1977. Notice 727 and its supplements are being amended to include the changes which follow.

The changes

Widening the choice of scheme: the arrangements for separating gross takings for goods at one rate of tax will be extended, and a new way of calculating notional gross takings for zero-rated goods will be introduced incorporating a fixed mark-up of 14 per cent.

Scheme B: will be extended to retailers whose takings for the goods they sell at the lower of two tax rates do not amount to more than half of their total taxable turnover at the two rates covered by the scheme. The current limit is one-fifth. Scheme B will also be available to calculate output tax on services, provided that they are chargeable with VAT at the higher of the two tax rates covered by the scheme.

Scheme C: the limit on taxable turnover will be increased from £25,000 to £50,000 a year. The banding of the various trade classifications will be revised and a new band carrying a fixed mark-up of 40 per cent will be introduced.

Scheme D: the limit on taxable turnover will be increased from £75,000 to £125,000 a year.

Scheme G: a one-twelfth addition will be introduced for those businesses concerned only with goods at two positive rates of tax. For this purpose insignificant supplies of zero-rated goods (not more than 2 per cent of the goods covered by scheme G) will be ignored.

Scheme G and H: an option will be introduced for retailers changing to Schemes G or H to use in place of stock in the scheme calculations the goods they received for retailing in the three months immediately before the change.

Scheme J: adaptations to Scheme J to

overcome a possible adverse effect on cash flow will be described in the scheme supplement.

Goods supplied on hire purchase: subject to Parliamentary approval of a Treasury Order varying the exemption schedule, the special schemes will be available to calculate output tax on all goods that are supplied on credit terms, including hire purchase. New rules will be introduced to exclude from gross takings any exempt credit charges made by the retailer.

PSI wants power to uphold professional standards

The Council of the Pharmaceutical Society of Ireland will continue to impress on the Department of Health that a new codified Pharmacy Bill is a basic necessity, Mr M. F. Walsh told the annual meeting on Monday in his presidential report on the year's work. Such a measure, he said, must include provision for the conferring of effective disciplinary powers on the Society. "It is essential, as the statutory representative body, that the Society should have the ability to uphold and maintain acceptable standards of practice and ethics. This responsibility becomes more pressing with the continuing development of the health services and the expanding role of the pharmacists in health care generally".

Mr Walsh reluctantly referred to reports that a small number of pharmacists have become implicated in "shades of professional malpractice". He went on: "I don't have to warn members that they are expected at all times to maintain the highest standards. Article 33 of the Society's regulations provides that a member of the Society or an associate who

shall be found guilty in a court of law of an offence in relation to poisons, drugs or medicines or against the Pharmacy Acts may be removed from the list of members or associates and may be refused re-election. The Council will not hesitate to use that power if the need should arise."

The Practice of Pharmacy Committee has completed its work on the Society's guide to good pharmaceutical practice which is now with the printers and will be circulated to members at an early date. But, said Mr Walsh, in the absence of effective disciplinary powers at the present time compliance with the new guidelines would depend to a large extent on the ethical standards and good sense of individual pharmacists. "Pharmacies which do not conform with the regulation standards will not be approved by the Council for the purpose of practical training and/or apprenticeship. Rearrangements of internal layout and even structural alternatives may be needed to ensure that some pharmacies measure up to the required standards."

Mr Walsh announced the re-election of six outgoing members of Council, there being no other candidates:—M. L. Cashman, R. J. Semple, M. F. Walsh, Teresa Landers, M. Shannon and D. J. Hickey. John Harnett did not seek re-election and the vacancy will be filled by co-option. Mr Walsh has been re-elected president of the Society for a second year.

The president announced that following a transfer of the Society's educational role to Trinity College, Dublin, that the Society would be moving to new headquarters at 37 Northumberland Road, Dublin 4; it was hoped before the end of the year. The treasurer, Mr Shannon said that negotiations for the new premises were not closed however.

Could your pharmacy end up looking like this?

Farley Health Products Ltd have produced a documentary film stressing the problems facing the general practice pharmacist. Entitled "The vital link" the film shows how one pharmacist faces the future as an independent and highlights the services and advice which are available for such pharmacists. The makers of the

film say that it is not negative, because there is hope for a brighter future, and they express the wish that the role which chemists play in the community health service may be recognised for what it is—the vital link. Hire details from Farley Health Products Ltd, Torr Lane, Plymouth, Devon.



FPCs seek bulk supply packs for doctors

The Society of Family Practitioner Committees annual meeting last week voted for the free bulk supply of CSSD packs—including intra-uterine devices—for general practitioners.

The meeting urged the Secretary for Social Services to introduce Regulations allowing area health authorities to provide packs of sterile equipment free to GPs for use in general medical, maternity and contraceptive services. Meanwhile the Department of Health is considering a bulk prescription scheme for doctors to carry their own stocks of CSSD packs and IUDs (see p604).

Mr Bob Worby, chairman, Pharmaceutical Services Negotiating Committee (but speaking as a representative of Barking and Havering FPC) sought to delete contraceptive items from the resolution on CSSD packs, saying that pharmacists were geared to provide sterile packs of IUDs, introducers and sterile dressings. If doctors turned more to hospitals for their supplies and equipment, pharmacies would suffer from loss of their traditional turnover.

Calderdale FPC, proposing the motion and opposing Mr Worby's amendment, said that to fit IUDs, doctors needed sterile speculae, dilators, swabs, forceps and sterile towels, all of which—apart from swabs—could be returned to CSSD for resterilisation and recycling. However, one doctor said he had carried out some 800 IUD insertions and had never needed to use sterile packs other than IUDs and introducers from the chemist. The uterus, he explained, was largely self-sterilising, so CSSD packs were unnecessary for contraceptive services. The amendment was defeated and the motion carried.

'Special' prescriptions rejected

The meeting rejected a call from Calderdale FPC for an arrangement whereby special NHS prescriptions could be dispensed, providing GPs with drugs and appliances for use in initial treatments.

The proposer said that in these difficult times doctors had to cut back on their stocks and that the ability to obtain supplies freely on a form FP10A, (a "stock order" form) as in Scotland, would offset this and be to the patient's advantage. In many cases patients would not need to go to a pharmacy to obtain drugs or appliances which were to be given or used in the surgery. The alternative was to issue a prescription to replace "doctor's own stock," which required the patient to return to the surgery with the item.

Dr Rosenberg, West Sussex, said doctors might be regarded as "black sheep" in using the latter device, but stressed that it was done only for the patient's use and benefit. Stock orders could be introduced conveniently by regulation, primary legislation not being necessary. However he opposed the motion because ultimately there would be no extra benefit for the patient and doctors already received an allowance for the costs of drugs and appliances used in this way. A change to stock orders could result in a deduction of 5p per patient in the capitation fee which would, on average, cost doctors about £3.00 per week.

Mr Harry Steinman, FPS, pointed out that doctors were constantly complaining of their excessive workload—"so why do they now want my job as well?" Mr Steinman went on to quote Nye Bevan at the inception of the National Health Service—that it should be for doctors to diagnose and prescribe and that, except in rare circumstances, they should *not* dispense.

Mr Worby reminded conference of the economic problems currently facing pharmacists and of the difficulty of ensuring a comprehensive pharmaceutical service over the widest possible area. He spoke of the advantages to all concerned

inherent in the pharmacist's dispensing role between prescriber and patient. He declared that stock orders were unnecessary and open to abuse, that they represented an unwarranted transfer of responsibilities and that the patients' interests were already adequately provided for. The proposal represented the thin edge of a wedge which threatened the pharmaceutical service for which *all* representatives at the conference, regardless of profession, were responsible.

A representative from Doncaster declared that stock orders would be an advantage. The pharmacist, he said, would still supply the same drugs—but to the doctor. This would enable the doctor to use the right drug instead of the nearest equivalent sample to hand!

A plea for a national on-call service by pharmacies for dispensing urgent prescriptions outside normal business hours was defeated. The proposer of the motion—Bedfordshire FPC—asserted that with chemists living away from their premises it was a long job to call them in for urgent dispensing. The public was entitled to expect a 24-hour service and pharmacist should receive adequate standby remuneration for providing it. Safeguards would be needed to prevent abuse of the service with non-urgent prescriptions.

However another speaker declared that pharmacists should not be further burdened by an unnecessary service. Pharmacists were fast becoming an "elitist society", almost a dying breed—"don't put this further obligation on them!"

A motion from Sheffield FPC, drawing the Secretary for Social Services' attention to concern about the difficulties elderly patients experience with child-resistant containers, was carried.

Minister's speech on p605

Chemists 'grinding their axes' too much

Chemists' remuneration is no concern of an FPC conference, declared Dr A. M. Rankin, a dispensing doctor from Cumbria, who added that he was tired of hearing pharmacists "grinding their axes" at such events.

Remuneration should be left to the profession's negotiators, he believed. Doctors had been badly treated, dentists were dissatisfied, and Mr Worby had also been refused the money he sought for pharmacists. "That," cried Dr Rankin, "was pharmacy's bad luck—just the same as the other professions!"

Amid rumblings of disagreement from the audience, Dr Rankin said that even if the Secretary of State did grant improved remuneration, pharmacies would still close. Pharmacists had big problems, but they derived most of their profits from ancillary sales.

Dr Rankin's accusations came during debate on a motion from Camden and Islington FPC, urging the Department of Health to provide a means of stopping pharmacy closures.

Mr Worby denied that pharmacists had "repeatedly come before conference to grind their personal axes." Both present and past motions were in the public interest. Community pharmacists did not derive most of their income from OTC sales but 60 per cent to 70 per cent of their turnover came from NHS, and the statement that improved remuneration would make no difference was utterly incorrect. The NHS should be able to stand on its own two feet—it was wrong that pharmacists should have to subsidise it with ancillary sales. The motion was carried.

Also carried, for the third year in succession, was a call for a planned pharmaceutical service. Calderdale FPC proposed that the Secretary for Social Services be urged "to empower FPCs, in consultation with Local Pharmaceutical Committees, to grant or refuse applications to provide general pharmaceutical services having regard to the needs of the particular locality; to provide financial inducements to encourage the establishment of pharmacies in needy areas".

Beatson Glass one of the great protectors



Wherever drugs and medicines are dispensed
Beatson glass containers keep them safe and ready to hand.

Beatson Clark have been making glass
for two centuries and today serve the pharmaceutical world
with most types of medicinal glass containers.

Ask your wholesaler.

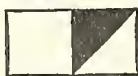
 **Beatson Clark**

Beatson, Clark & Co. Ltd.,
Rotherham, South Yorkshire, S60 2AA
Telephone: 0709 79141 Telex: 54329

There comes
a time in
every
woman's life
when she
needs some
one to get a
good, firm
grip of her
legs.

And we're
just the
ones to do it!

Lastonet



LASTONET PRODUCTS LIMITED
Redruth, Cornwall.

Telephone: Camborne 714141 (std 0209)

Irish vets call for more restrictions on drugs

The Irish Veterinary Association has called for legal controls which would restrict to the profession the supply of veterinary drugs—but the demand is being criticised by pharmacists, farmers and some veterinary surgeons.

The IVA resolution passed at the annual Congress in Tralee results from concern over the misuse of antibiotics, hormones, and steroids in animal husbandry with the resultant emergence of antibiotic-resistant strains of organisms and high antibiotic levels in milk. It was said that Ireland is unique in Europe in allowing distribution of these drugs through chemists for use in animals and even from vans calling on farmers.

Asked to comment on the IVA resolution, Mr J. Power, member of the Pharmaceutical Society of Ireland Council and the Veterinary Committee of the Irish Pharmaceutical Union, told *C&D* this week that pharmacists in the Republic were equally concerned about lack of control over distribution. This disquiet had been submitted by the pharmaceutical, veterinary and medical professions, but pharmacists did not believe that "control" must be synonymous with supply only by veterinarians. Farmers had a tradition of treating their own animals but treatment should not be in the absence of professional advice as at present.

Mr Power noted that when the Swann Committee reported on antibiotic use in animals, it had been highly critical of the type of control now envisaged by the IVA. As an alternative, that control should be under Schedule Four (in Ireland requiring

the purchaser to be known to the pharmacist and to sign the Register), which would provide adequate safeguard for both human and animal health, and conform to any anticipated EEC legislation.

But the ideal control would parallel those covering human medicines, said Mr Power, with the veterinarian diagnosing and prescribing and the pharmacist supplying and making records in accordance with the law. The veterinary surgeon, however, would have to forego commercial involvement (apart from emergency supply situations), an involvement which was not necessarily in the best interest of either human or animal health.

Mr Power supported Dr Frank Austin, a vet from University College, Dublin, who had opposed his profession appearing to seek a monopoly when realistic control is all that is required.

Tribute to 'Mac'

A colour television set was presented to Mr Charles McArdle, principal pharmacist, Birmingham General Hospital, on his retirement after 40 years service.

Making the presentation Dr B. L. Pentecost, consultant cardiologist, said that few could match "Mac's" achievements locally or nationally. He had been a good general hospital man, had achieved eminence as a scientist by his work on tablet identification and had also received recognition from colleagues in his profession for his contributions to pharmacy.

His many colleagues at the hospital



Charles McArdle being presented with his retirement gift of a television set by Dr Brian Pentecost, consultant physician, Birmingham General Hospital (Photo courtesy of *Birmingham Post*)

would miss his valued help, although he was continuing some of his committee work within the National Health Service. Dr Pentecost referred to his own connection with pharmacy, having worked as a schoolboy in a pharmacy controlled by an ex-president of the Pharmaceutical Society. He mentioned "Mac's" interest in cricket and regretted that even in Edgbaston the sun did not always shine, but with the aid of modern television he hoped there would be opportunities to see some cricket when it was raining in Birmingham.

Thanking his colleagues for the wonderful present, "Mac" referred to the founder of the hospital who had created so worthy an undertaking and he added, "This place will go from strength to strength, there is a tradition here whatever happens within the NHS".

Local authorities 'should help pharmacists'

Recognition of the pharmacist's value is called for in a recent *Local Government Review*. The article points out that the general practitioner is helped by various payments and subsidies to stay in a district where he would not otherwise be able to make a reasonable living. Similar support should be given to pharmacies at risk from closure due to economic pressure.

The local authorities, particularly the smallest—the parish and community councils—can draw attention to the plight of their community facing the loss of their local chemist. "It might be possible for something to be done: this is an instance of a silent change for the worse which is at present being tolerated."

Efficient prescribing the key to reduced costs

The best prospects of reducing NHS costs lie in increasing prescribing efficiency. Mr Roland Moyle, Minister for Health, told the FPC conference (see report p606).

He assured the audience that no infringement of professional judgment was intended, that short-term gains were not his aim, but that he sought a change in trends of opinion. The public, he said, must also be educated about economy and made to realise there was not "a pill for every ill".

Expansion was still necessary in the NHS as a whole, and was planned on a modest scale in the family practitioner services sector. It was important to obtain the best possible value for money in terms of patient services and savings on administration were vital. When asked whether more cash would be made available Mr Moyle said that when the economy picked up "you may rely on us" to fight hard for any extra money.

The Society of FPCs president, Dr B. Holden, stressed that FPCs should continue to exist as a specialised branch of

Topical reflections

BY XRAYSER

Better prescriptions

I read with interest and feeling the account of the steps taken by Mr Andrew Medcalfe to spread a little light amongst those who write prescriptions (*C&D*, October 8, p541). I feel sure that much tuition of an individual and private kind goes on all the time, though the effort is not always crowned with success. In consequence, there is much grinding of pharmaceutical teeth in times of pressure and stress, and there is little doubt that both the information and the manner in which it is communicated could be expressed with more care than is apparent.

There are many things for the prescriber to remember, starting off with the patients' name and address and what official documents describe grandly as "style or title." That recalls a physician of my acquaintance who had the engaging habit of writing the surname and following with the Christian name on the same line—a practice that was of little moment until Elizabeth Queen called for a consultation.

It is, as Mr Medcalfe points out, essential that the medicine should go to the right person, and it is here that the pharmacist carries out an important duty. It has to be remembered that he is not alone in experiencing stress and pressure, and although one incident caused endless difficulty at the time, I understood the doctor's action when it was explained.

He had started to write a prescription for his patient, heading the form with the name and address; had second thoughts in the matter and decided to refer the patient to hospital, whereupon he wrote a letter to the hospital. When the next patient entered the consulting room, there, on the desk, was a prescription bearing the name and address of the previous patient, and out it went with the correct medicine but a wrong identity.

I note that Mr Medcalfe draws attention to the dangers of prescribing for two members of the family on the same form. That is utterly inexcusable, particularly as I have known it done to save payment of the levy by putting an item for which a charge is due, on to the form of an exempt person. But that is just one more example of the effects of a levy which should never have been imposed at all in the first place.

Bad writing

Other matters mentioned in the report include the perennial of bad handwriting. I deplore it utterly, whether inflicted by a medical or a pharmaceutical pen. I was brought up in an atmosphere in which bad handwriting was regarded as bad manners. My apprentice master, like many of his generation, wrote a clear and elegant hand, and we all strove to be in the same class.

I was not at all surprised to learn that there is still confusion over the instruction to dilute preparations so that the mixture may be taken in 5ml spoonfuls. I still have to explain why the dosage on the label conflicts with the verbal advice given by the doctor to give half a teaspoonful. Taken all over, the 5ml spoon has not been a success. Indeed some I have come across seem dangerous in the extreme.

But with all the pressures on busy doctors and harassed pharmacists, compounded by the patient who does not listen, the service runs reasonably well. I sympathise with Mr Medcalfe in his attitude to abbreviations, some of the difficulties of which arose when it was decided to bury Latin rather than to praise it. "Tid" or qqh were long established and *mane* was part of the language. But the decision to use English instead led to a new set of abbreviations, in which "am" has been found to mean "in the morning" when it is not "after meals." It's astonishing how frequently improvements aren't.

administration. Their budgets must be open-ended and could not possibly be operated through a limited AHA budgetary system, as their commitments were inherently open-ended. Administration was a mere 2 per cent of total expenditure.

The independent contractor was a protection for the public against Government interference in primary health care and

the FPCs were deliberately structured to manage such an organisation. The AHAs would not be capable of doing so.

The FPC's role needed extending, not absorbing into AHAs. FPC administration must be involved in halting the decline in the number of pharmacies, whatever systems of planned distribution were adopted.

Further details on the Part III proposals

A series of Statutory Instruments implementing Part III of the Medicines Act are expected to be laid before Parliament at the end of November.

As mentioned last week (p553), the date now proposed for Part III implementation is February 1, 1978. The proposed *Medicines (Prescription Only) Order 1977* allows for five days treatment of certain prescription only medicines to be supplied in an emergency when the period includes a bank holiday, Christmas Day or Good Friday—otherwise the limit is three days' supply. The POM would have to be labelled according to the Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations, with the name and address of the supplying pharmacy, and the words "Emergency supply."

The definition of "maximum strength" has been revised solely for the Medicines (Prescription Only) Order 1977 and means either—the maximum quantity of the substance by weight or volume contained in a dosage unit of the medicinal product or the maximum percentage of the substance contained in a medicinal product calculated in terms of weight in weight (w/w), weight in volume (w/v), volume in weight (v/w) or volume in volume (v/v) or both the above.

Six month limit

Further provisions have been added saying that a prescription shall not be dispensed later than six months after the date specified; that repeat prescriptions shall only be dispensed according to the directions given; and that where the prescription is not a repeat prescription but contains a direction that the prescription be repeated without specifying the times or intervals, the prescription shall not be dispensed on more than two occasions, unless for oral contraceptives, in which case it may be dispensed six times during the six months following the date on the prescription.

A new Article provides that the restrictions of Section 58(2) of the Act shall not apply to the sale or supply of a medicinal product, which due to the act or default of another person is a prescription only medicine, by a person who has exercised all due diligence and has reasonable grounds to believe that it is not a prescription only medicine.

A new Article provides for the revocation of Medicines (Hexachlorophane Prohibition) Order 1973, Medicines (Interim Prescription Only) (No 1) Order 1974, Medicines (Phenacetin Prohibition)

Order 1974, and Medicines (Interim Prescription Only) (No 2) Order 1974.

Amendments to draft SIs include: *Proposed Medicines (General Sale List) Order 1977*—Addition of a definition of "cosmetic", as in the Medicines (Exemption from Licences) (Foods and Cosmetics) Order 1971. Revision of definition of "excipient" and "external use"—"excipient" means any substance

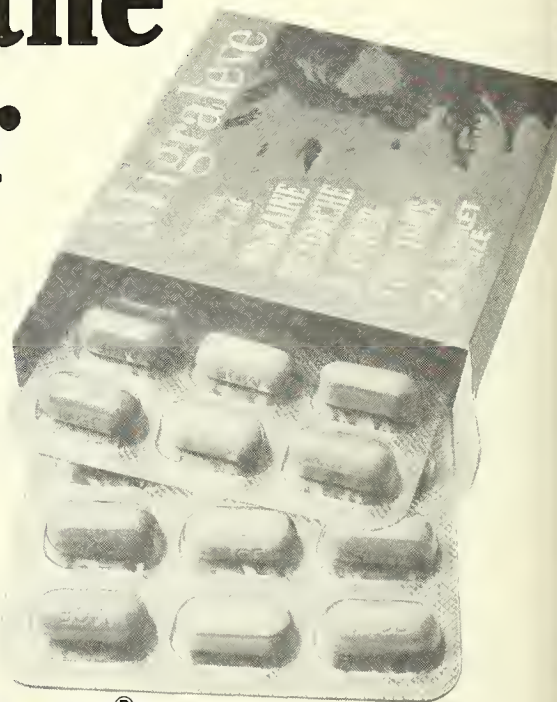
which does not contribute directly to the pharmacological action of the medicinal product other than by regulation of the release of the active ingredients; "external use" means (a) medicinal products for human use by application to the skin, teeth, mucosa of the mouth, throat, nose, ear, eye, vagina or anal canal, (b) veterinary drugs for application to the skin, hair, fur, feathers, scales, hoof, horn, ear, eye, mouth or mucosa of the throat or prepuce, in either case when a local action only is necessary and extensive systemic absorption is unlikely to occur. Exceptions to (a) are throat sprays, lozenges, pastilles, or tablets; nasal drops, sprays, or inhalations; teething preparations.

This definition of "external use" is also used in the proposed Medicines (Pharmacy and General Sale—Exemption) Order, Medicines (Prescription Only) Order and Medicines (Herbal Remedies)

Non-ergotamine Migraleve is the one anti-migraine specific you may sell over the counter

Sales (and prescriptions)
are still rapidly rising.
So check your stocks now.

Over half a million
prescriptions for
Migraleve have produced
no adverse reports.



NON-ERGOTAMINE
Migraleve®



International Laboratories Ltd. Lincoln Way, Windmill Road, Sunbury-on-Thames, TW16 7HN.

Order and there is a corresponding definition in the Medicines (Exemption from Restrictions on the Retail Sale or Supply of Veterinary Drugs) Order.

Addition of definition of "food", as in the Medicines (Exemption from Licences) (Foods and Cosmetics) Order 1971.

Addition of definitions of "parenteral administration"—meaning administration by breach of the skin or mucous membrane—and "prescription only medicine" which means a medicinal product of a description or falling within a class specified in the Medicines (Prescription Only) Order 1977.

"Medicinal products" which are for sale or supply either for oral administration as a food or for external use as a cosmetic (other than a product that is POM or contains Vitamin A (including acetate and palmitate) with a maximum dose of more than 7500 iu's of Vitamin A or 2250 micrograms of retinol or Vitamin D with a maximum dose of more than 400 units of antirachitic activity) have been added to the general sale list. They were previously referred to only in the proposed Medicines (Exemption from Pharmacy Sale) Order.

General Sale Order

Proposed Medicines (Pharmacy and General Sale—Exemption) Order 1977—The title has been changed from The Medicines (Exemption from Pharmacy Sale) Order. Definitions of "external use" and "parenteral administration" have been added as above and a definition of "registered ophthalmic optician" has been added, meaning a person who is registered in either of the registers of ophthalmic opticians established and maintained under section 2(a) of the Opticians Act 1958.

The definition of "unit preparation" has been revised to mean a preparation, including a mother tincture, prepared by a process of solution, extraction or trituration with a view to being further diluted tenfold, or serially in multiple powers of ten, in an inert diluent, and then used either in this diluted form, or by impregnating tablets, granules, powders or other inert substances for human use. This definition is also used in the Medicines (Prescription Only) Order.

The Article on transitional exemption (formerly exemptions for products in stock) no longer relates solely to stock held by the retailer on the appointed day and now provides a transitional exemption from the restrictions of Section 52 of the Act for a two-year period from the appointed day for any person who sells, exposes for sale, or supplies a medicinal product for human use which immediately before the appointed day he could lawfully sell or supply provided (a) the conditions in Section 53(2) and (3) of the Act are satisfied and (b) the product is licensed under Part II of the Act.

Although the exemption applies to retailers, it is intended that its effect will

be to give licence holders of products which could be sold legally at any shop immediately before the appointed day but which have not been included in the General Sale List Order a two year period during which they may, if they wish, reformulate the products with a view to obtaining a licence which would enable the product to qualify for inclusion in the General Sale List. There will be a corresponding provision for veterinary drugs in the Medicines (Exemptions from Restrictions on the Retail Sale and Supply of Veterinary Drugs) Order.

On the basis of the Medicines Commission recommendations not all products granted a full product licence stating, in effect, a method of sale of "general sale" have been included in Schedule 1 to the General Sale List Order. Products omitted from the Order will, however, have the benefit of the transitional exemption referred to above. The intention is to make an amending GSL Order as soon as possible after the appointed day which will have the main purposes of (1) up-dating Schedule 1 to include products licensed between March 1, 1977 and the appointed day and meeting the criterion of reasonable safety in Section 51 of the Act based on the Commission's recommendations and (2) up-dating Schedule 2 to include veterinary drugs licensed between August 1, 1977 and the appointed day meeting the criterion.

The Article on temporary exemption for certain products now relates solely to products for human use (a corresponding exemption for veterinary drugs will be included in the Medicines (Exemptions from Restrictions on the Retail Sale or Supply of Veterinary Drugs) Order) and the period in question will be the period starting with the date on which the licence is granted and ending one year from the date on which a notice that such a licence has been granted is published in the *Gazette*. The conditions of Section 53(2) and (3) will also have to be satisfied.

Retailer's safeguard

A new Article will safeguard the retailer who offers or exposes for sale, sells or supplies a product which is purported to be a General Sale List product or one which is the subject of an exemption under a Section 57 Order but which on examination is found to be in neither of these categories (for example a product which on analysis is found to contain a substance in excess of the maximum strength specified in the General Sale List Order). The exemption provides that the restrictions of Section 52 should not apply to the sale, offer or exposure for sale, or supply of a medicinal product which, due to the act or default of another person is a medicinal product not on a General Sale List or covered by an exemption, by a person who having exercised all due diligence has reasonable grounds to believe that the product is in the general sale category. A corresponding exemption for

veterinary drugs will be included in the Medicines (Exemption from Restrictions on the Retail Sale or Supply of Veterinary Drugs) Order.

Following the addition to the General Sale List Order referred to above the relevant Article has been simplified to exempt foods and cosmetics on a general sale list from the restrictions of Section 53(2).

Exemptions from Section 52 and 53 for ophthalmic opticians and for persons selling or supplying medicinal products to the British Standards Institution have been made: sales of certain poultry vaccines to vaccinators and of pharmacy only products to veterinarians for administration only (which might be retail transactions) will also be permitted.

Miscellaneous provisions

The Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations 1977—The proposals requiring general sale list retailers to notify the appropriate authority have been deleted. The proposed regulation has been deleted for method of sale of certain veterinary drugs and the provision transferred to the Medicines (Exemptions from Restrictions on the Retail Sale and Supply of Veterinary Drugs) Order.

The regulations will now explain that any reference to selling anything by way of wholesale dealing shall include any such sale by the person who manufactured it. Accordingly these restrictions will apply to manufacturers. Provisions have been made to allow some professions to obtain certain prescription only items for administration in the course of their practices. The professions are those listed in Part III Schedule 3 of MLX 58E.

Schedule 1 now includes "the holder of a wholesale dealer's licence or a person to whom the restrictions imposed by section 8(3) of the Act (wholesale dealer's licences) do not apply by virtue of an exemption conferred by or under the Act".

The Medicines (Exemptions from Restrictions on the Retail Sale or Supply of Veterinary Drugs) Order 1977—The definition of "premises" has been revised to mean (a) a building or part of a building of a permanent nature, or (b) a stall or other similar structure of a permanent nature situated at a market or agricultural showground.

Exemptions for manufacturers of, and dealers in, veterinary drugs—in this Article "manufacturer" has been altered to "holder of product licence". A new sub-paragraph has been inserted to prohibit sales by self-service methods, defined as "any method of sale which allows a purchaser to help himself on or before payment."

Exemptions in respect of veterinary drugs to be incorporated in animal feeding stuffs—A new sub-paragraph has been inserted to prohibit sales by self-service methods.

New products

Cosmetics and toiletries

Opium from YSL

Yves Saint Laurent has created a new perfume called Opium. It is said that all the perfumes created by this famous couturier are "a succession of feminine personalities each expressing woman's instinctive desire to wear perfume for the sheer pleasure it gives her". Opium, says the creator, does all that and more. It conveys, he says, "all the mystery of a distant land by the very nature of its composition, which embodies exotic aromas captured from the Orient". The fragrance is packaged in flacons encased in Chinese lacquered type boxes in shades of rich tan, magenta and gold (Opium extract ¼oz £15.00, ½oz £24.00, 1oz £42.00; purse spray ¼oz £18.00; eau de toilette 2oz £12.00, 4oz £18.00; eau de toilette natural spray 1.2oz £12.00, 4.5oz £27.00; and pendant ½oz £12.00, (Yves Saint Laurent, Brook House, 115 Park Lane, London W1Y 4EU).

Orlane's additions

Orlane's new waterproof mascara is distinguishable from their regular mascara by its four-sided container. The company says the waterproof component is a hydrocarbon mineral gel oil, allowing water to glide over the lashes without mixing with the mascara. Waterproof mascara (£3.50) is available in black, blue, brown or green. The company will also be introducing a new cleanser to remove this mascara (£2.75). It contains the same oil as the mascara and acts by diluting it and dispersing the colour pigments. Orlane point out that it will also remove any other brand of eye make-up.

Fond de Teint Fluide (£4.95) is a new foundation available in six shades. It contains a high proportion of pigments so it covers and gives colour even to the duller complexions, they say. It is waterproof and contains an ultra-violet filter. All products for sale from late November (Jean D'Albret-Orlane Ltd, 125 High Holborn, London WC1V 6QX).

Revlon's latest

Revlon have introduced a "creaseproof" liquid eye shadow into their Natural Wonder collection. It is said to be long-lasting colour which won't flake off, settle into creases or fade away. It can be applied both as a lid shiner and an eye liner by using the brush applicator provided, and is water resistant. Creaseproof liquid shadow (£0.65) is available in six shades. The company has also brought out a new



lipstick, Frost/Formula 2 (£1.00) which is described as a clear-frost lip colour in six shades which "shines a whole new way—with as much glisten as frost" (Revlon International Corporation, 86 Brook Street, London W1).

Photographic

Processors and autograde

Two models of the Paterson Thermo-drum colour processor have been introduced—the 1216 (£39.69) handles up to 12×16in papers and the 810 (£33.04) handles up to 8×10in. Separators are supplied that will enable combinations of smaller sized prints or individual test strips to be processed.

Paterson say the Thermo-drum is suited for all print processes including those which work from colour negatives, such as Paterson Acucolor 3 with Kodak 37RC paper or direct from transparencies using processes such as Cibachrome A or Ektachrome 14RC. The new drum is designed for use with one-shot chemistry for economy and consistency of results from print to print and from test to print. Three 500ml storage bottles and three graduates are supplied, with the drum.

The Paterson Auto graduate (£6.24) consists of a polythene storage bottle surmounted by a polycarbonate graduate, the two being joined by a transfer tube. The ready mixed chemical solution is stored in the bottle which when gently squeezed transfers liquid into the measuring graduate. The graduate is divided in ml by 5ml divisions and fl oz in half oz divisions. The 1l bottle is graduated in 100ml divisions (distributors Rollei (UK) Ltd, Denington Estate, Wellingborough, Northants).

Prescription Specialities

DOBUTREX injection

The primary action of dobutamine is to augment cardiac contractility by stimulating the β receptors of the heart. It is direct acting and does not cause release of endogenous noradrenaline as does dopamine.

Manufacturer Eli Lilly & Co Ltd, Telford Road, Basingstoke, Hants.

Description A sterile liquid in a 5ml glass sealed ampoule containing 250mg dobutamine

Indications Adults who require inotropic support in treatment of heart failure associated with myocardial infarction or open heart surgery or cardiomyopathies
Dosage Must be diluted before administration. Normal dose range 2.5 to 10mcg per kg per minute. Some patients in whom heart failure is caused by acute myocardial infarction or cardiac surgical procedure may respond to doses as low as 0.5 mcg per kg per minute, whilst patients with cardiomyopathy may need 40 mcg per kg per minute. After dilution Dobutrex should be administered intravenously. The rate of administration depends on patient's response

Precautions Use with caution in patients with acute myocardial infarction and in patients with idiopathic hypertrophic sub-aortic stenosis. Safety in pregnancy has not been determined nor has safety and efficacy in children

Side effects A 10 to 20-mm rise in systolic blood pressure has been observed in most patients. Nausea, headache, anginal pain, nonspecific chest pain, palpitations and shortness of breath have been reported rarely

Dispensing diluent The contents of one ampoule should be added to one of following solutions: sodium chloride or 5% dextrose injection; 5% dextrose in 0.9% or 0.45% sodium chloride solution; 5% dextrose in lactated Ringer solution; sodium lactate injection; or lactated Ringer's injection. Not to be added to sodium bicarbonate injection or any other alkaline solution

Storage Prepared solutions should be used within 24 hours

Packs 10 five-ml ampoules (£5.82 trade)

Supply restriction Anticipated prescription only

Issued October 1977

on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Anadin: All areas

Aspro clear: All except E

Correctol laxative: All except U, E

Cream silk: All areas

Crest toothpaste: All except E

Fairy toilet soap: Y, Sc, NE, U

Philishave: All areas

Roskens: M

Vitarich: Lc

Wilkinson II razors: All except E

Trade News

Colgate-Palmolive appeal for playgrounds

The Goaldiggers charity and Colgate-Palmolive Ltd, 76 Oxford Street, London W1A 1EN, have linked together to launch a fund-raising appeal to help build children's playgrounds throughout the country. The promotion features some well known faces—Eric Morecambe, Jimmy Hill, David Wilkie, Brian Moore and Elton John—all of whom have pledged their support and are actively participating. The appeal is a collection scheme in which any pack, label or lid from specified Colgate-Palmolive toiletry products can be worth 5p towards the target of £25,000. This amount will enable 10 playgrounds to be built, in conjunction with the National Playing Fields Association.

Consumers can make a donation in three ways. First the relevant packs can be sent by post and as an extra incentive, everyone who sends in ten or more packs is entitled to an Elton John Goaldiggers badge. Secondly, stores throughout the country will feature collection units inviting their customers to collect and donate the relevant Colgate toiletry products. Thirdly, nearly 40,000 schools and youth organisations will be sent a letter by Jimmy Hill inviting them to help by collecting Colgate products. There will be a prize for the school or club which collects the largest number of packs and a painting competition.

Personalised display material is available (dump bins and collection units), as well as special Goaldigger posters and shelf wobblers. The playgrounds will be opened throughout the appeal period (until March 21, 1978) or earlier if the £25,000 target is reached sooner. This scheme represents the largest promotion Colgate-Palmolive has ever run in the United Kingdom.

Blue Stratos and Wrangler

Shulton (Great Britain) Ltd, Trevor House, 100 Brompton Road, London SW3 1EW, are involving Blue Stratos after shave in a promotion with Wrangler jeans which begins on November 7 and runs through till Christmas. The company says that this is the first time two manufacturers in these fields have tied up on a fully integrated promotional basis. The promotion will run through a total of 16,000 outlets, both pharmacies and Jean shops, during the £330,000 campaign. Chemists will be featuring a Wrangler offer consisting of a free lapel badge and the opportunity to send for a free poster.

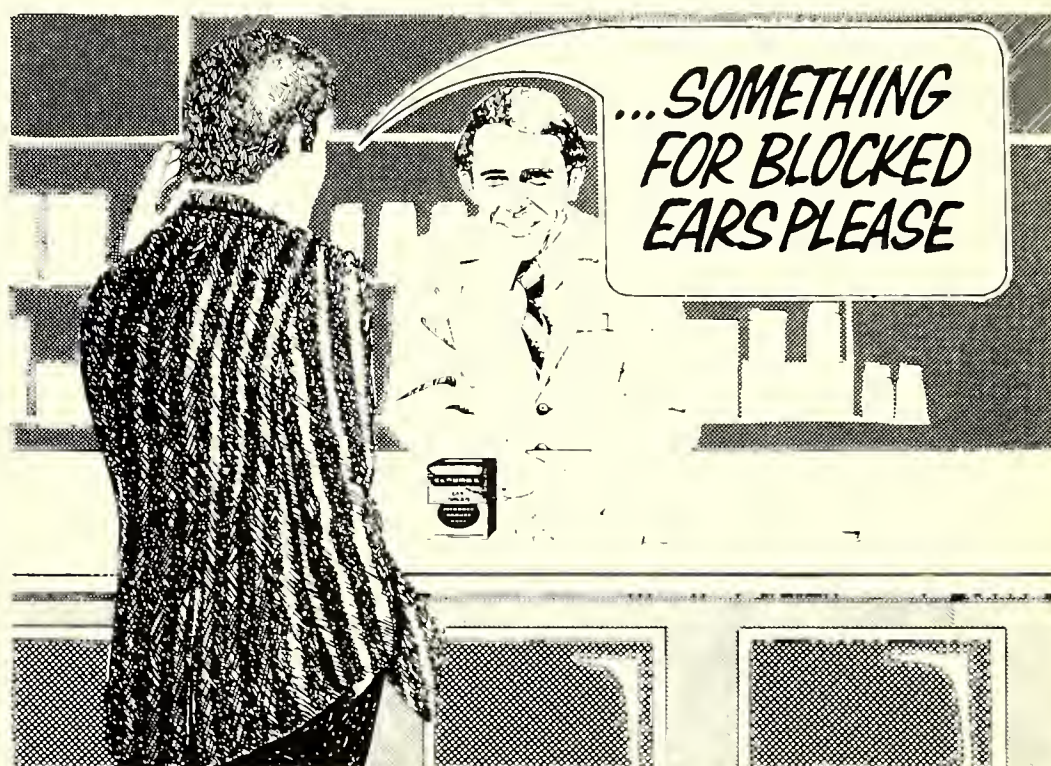


The display material features the poster and a showcard. Similarly in Jean shops customers buying Wrangler jeans will be handed a Blue Stratos pocket badge and a sachet of the product. They will also be invited to send £0.69 for a Wrangler key ring with a Blue Stratos fob, and a poster. Nationwide television advertising will back this promotion.

Ribena back "on stream"

Beecham Foods, Beecham House, Great West Road, Brentford, Middlesex, have announced that supplies of Ribena and PLJ are now available to the trade again. They say that any difficulties experienced in obtaining supplies have been the result of recent production problems at the main processing centre, which have now been overcome.

Continued on p614



You need CERUMOL

...it's the most widely prescribed method of removing ear wax

Why not recommend to your customers the number one prescription product?

Clinical trials have shown that Cerumol is the most effective way of loosening accumulated ear wax.

That's why after 25 years it's still first choice with doctors.

When your customers ask your advice about 'blocked ears' you know you can recommend Cerumol with confidence.



CERUMOL®

proven in practice



Laboratory for Applied Biology
91 Amhurst Park, London N16 5DR

Trade News

Continued from p613

Benzoin spray available

Compound benzoin spray, manufactured by H. N. Norton & Co Ltd, 133a Shawbridge Street, Glasgow G43 100, will be available to retail pharmacists from November 1. The 150g aerosol spray (£0.80), which has been marketed to hospitals for four years, is distributed by Vestric Ltd.

Booklet on feminine hygiene

Kimberley-Clark Ltd, Larkfield, Maidstone, Kent, in association with Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts, have produced a 12 page illustrated booklet for shop assistants. It is called "Numark chemist—An assistant's guide to feminine protection and hygiene," and enables the assistant to deal with any personal problems which may be raised by their customers. Copies are available from Mrs Mary Razzell at ICML.

Remington reflections

Sperry Remington Consumer Products, Apex Tower, High Street, New Malden, Surrey KT3 4DL, have launched into the pre-Christmas selling period with a free offer of a shaving or make-up mirror to purchasers of new Remington shavers and hair care products. The estimated retail value of the mirror is £1.25. To obtain it consumers are asked to enter their name and address on the application form and post it to the company with the completed product warranty card. The offer applies until December 31 and is supported by point of sale material.

Tender Touch on TV

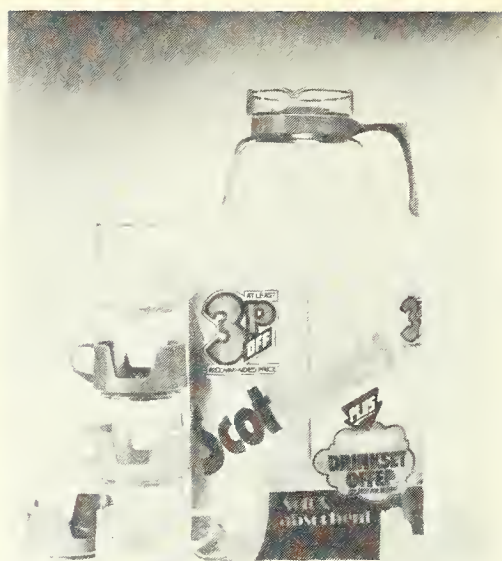
Smith & Nephew Ltd, Bessemer Road, Welwyn Garden City, Herts, are advertising Tender Touch cotton wool on television in the Border television area until early November.

Camera repair price list

The latest camera repair trade price list showing standard charges for complete overhaul of many cameras with one year guarantee is available from Granville Kirkup Ltd, Birchills House, Industrial Estate, Green Lane, Walsall, West Midlands.

Scottowels double offer

A double promotion of 3p off Scottowels, combined with an on-pack offer of a Pyrex drink set is being mounted by Bowater-Scott Corporation Ltd, Bowater House,



68 Knightsbridge, London SW1X 7LR. Each pack is flashed with "3p off the recommended price". The drinks set, which is also featured on-pack, consists of a Pyrex "juggler jug" and six "drinkups". It is obtained by sending £3.20 with one proof of purchase. The usual retail price of the set is £4.67.

Have a drink on Hanimex

Hanimex (UK) Ltd, Hanimex House, Dorcan, Swindon SN3 5HW, are offering a £5 voucher redeemable at any Victoria Wine shop to all customers ordering £50 worth of photoflash products. Special pre-Christmas prices are also available; Magicubes, 20 packets of 3, £0.62 per packet; pocket Magicubes, 20 packets of 3, £0.62 per packet; Flashcubes 20 packets of 3, £0.50 per packet; AG3B flash bulbs, 20 packets of 10 £0.44 per packet; and XMIB flash bulbs, 20 packets of 10, £0.44 per packet. To qualify for these prices orders must be of a minimum value of £50.

Napcolour offers

A "money-off" voucher campaign is available from Napcolour Ltd, 76 Lower Bridge Street, Chester. The offers are 10p off six photo-coasters, 10p off 6 photo-table mats, 40p off "master prints", 20p off a jigsaw and 20p off Silcline enlargements. Also available is an exclusively designed Christmas card for customers to use with their photographs. The company feels this will boost the reprint business.

Wilkinson advertise scissors

Wilkinson Sword Ltd, Sword House, High Wycombe, Bucks HP13 6EJ, are mounting what they describe as "the largest campaign there has ever been for scissors". It uses eighteen magazines and the company believes that the ones chosen motivate over 10,000,000 readers. They are *Woman's Own*, *Honey*, *Homes and Garden*, *Woman's Journal*, *Living*, *Family Circle*, *Pins & Needles*, *Good Housekeeping*, *House & Garden*, *Slimming & Nutrition*, *Brides*, *Ideal Home*, *Vogue*, *Woman's World*, *Woman*, *Sewing & Knitting*, *Woman & Home* and *Home & Freezer Digest*.

PBI extend range again

Pan Britannica Industries Ltd, Britannica House, Waltham Cross, Herts EN8 7DY, are extending their range again for 1978. Those changes already announced include new 1/2 gallon sizes of Bio tomato food and Bio plant food, a new 1 litre size of Arbrex and a new insecticide, Fenitrothion (£0.40). This is described by the company as a down-to-earth product which controls caterpillars, and maggots on fruit, flowers and vegetables. Information about further new products for next season will be available in February, 1978.

More Oil of Ulay on TV

Richardson Merrell Ltd, 20 Queensmere, Slough, Berks SL1 1LA, are planning a pre-Christmas advertising push for Oil of Ulay on television. They are using the two existing commercials through November and December. The £180,000 campaign starts in London and the South East this month and moves to the rest of the country in November. During this period Oil of Ulay will continue to be supported with a £60,000 Press campaign in weekly and monthly women's magazines.

Argotone container change

Rona Laboratories Ltd, Cadwell Lane, Hitchin, Herts SG4 0SF, have changed the primary container for Argotone nasal drops from an amber hexagonal fluted bottle to a round amber glass bottle.

Price correction

RM Scott (Ipswich) Ltd, Tower Street, Ipswich, Suffolk, have changed the prices of their products, but the information was received too late for inclusion in the November issue of the Price List or the current supplement. The correct prices will appear in October 29 supplement and are as follows. Charcoal, trade per carton of 18 packets, £5.18; Diabisc and Husky £4.46; Ginger nuts £4.03; Country Cookies £3.88, Radiant health and vitality £3.81.

New Era revamp

New Era Laboratories Ltd, 39 Wales Farm Road, London W3, have repackaged their biochemic tissue salts in Securitainers.

Continued on p618

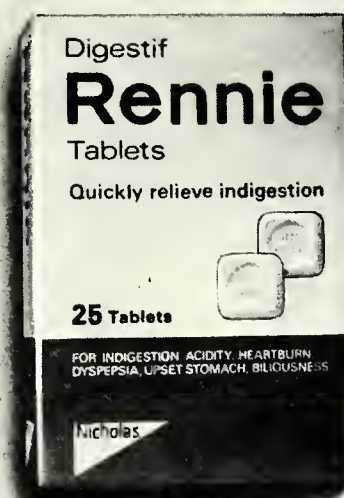
The International Bottle Co Ltd have supplied the bottles for Lenthéric's new perfume, *Panache*. They are screen printed at IBC's factory in Ponders End, London



Biggest seller.



Biggest advertiser.



Biggest moneymaker.



No other brand turns over faster, builds profits more quickly than the brand leader. Rennie is Britain's leading brand of indigestion tablet.

The biggest seller. The most heavily advertised. The one most people prefer. So no matter how many other brands of indigestion tablets you stock, never run out of Rennie. Rennie can earn you more money.

Stock the brand leader.

Nicholas

We've joined forces to

We're happy to announce that the Bowater * Scott and Libresse sales teams have recently joined forces.

That's very good news for you too, because we can now provide a bigger sales force and better service than ever before to help increase your sales.

What's more, we're cutting the Libresse prices – 10p off the 20 towel pack and 5p off the 10 towel pack. And at 24p, the budget-priced Pennywise pack is even better value.



Libresse, Libresse Comfort, Libresse Pennywise sanitary protection products, and Klorane and Helancyl toiletries are marketed and distributed by Bowater * Scott Corporation Limited, as agents for Sancell Ltd.

strengthen your sales.



Trade News

Continued from p614

Doan's advertising push

An advertising campaign in large circulation women's magazines and national daily newspapers will put Doan's backache pills in front of 80 per cent of the adult population, according to Fulford Williams (International) Ltd, Cornwall Road, Hatch End, Pinner, Middlesex. National newspapers selected include the *Daily Mirror*, *Sun*, *Sunday Mirror* and *Sunday People*. Women's magazines include *Woman's Own*, *Woman & Home*, *Woman's Realm*, *Woman* and *Woman's Weekly*. The campaign runs until the end of the year.

Hint of a tint repackaged

Inecto (Rapidol Ltd, PO Box 685, Hanwell, London W7) have repackaged their temporary hair colourant Hint of a Tint in a larger more eye catching sachet. The larger sachet has made it possible to include more information on the back to help both customer and the assistant who wishes to advise the customer on shade selection. Also, the shade name is colour flashed across the new sachet making it easier for counter staff to check stocks. The price has not been increased.

To support the new packaging, an attractive display stand is available which



holds one dozen sachets of each of the six shades and incorporates a shade selector. Hint of a Tint is on promotion until the end of the year and full details are available from local representatives, or Rapidol Ltd.

Vikonon manufacturer

The trade mark, manufacturing and marketing rights for Vikonon tablets have been acquired by Savoy Laboratories (International) Ltd, 52 Queen Anne Street. The tablets are still distributed by

Farillon Ltd, Selinas Lane, Dagenham Essex.

Nailoid colours promotion

Richards & Appleby Ltd, Gerrard Place East Gillibrands, Skelmersdale, Lancs are offering all Nailoid polishes, including the new autumn colours, at a special retail price of £0.35 instead of £0.45. The special price colours are offered to the retailer in minimum packs of 5 dozen of the colours of his choice with basket display stand free.

Scissors with Glen tissues

British Tissues Ltd, 101 Whitby Road, Slough, Berks, are offering a set of five scissors for £1.25 on Glen facials packs. This move follows considerable success with on-pack offers run by British Tissues on their Dixcel facials. The company believes that extending the scheme to the economy end of the market will further establish Glen as a value for money pack.

The scissors cover most household needs—a 7-in pair for general use, a 5-in pair with straight blades for sewing work, a 4-in pair of draper's scissors and two 3½-in pairs for embroidery and manicure. Made in cold-forged steel by Sheffield craftsmen, they are nickel-plated to resist tarnishing.

Shopfitting and Equipment

not the same as the one entered. It is itself de-coded before comparison with the entered code is made.

Fire detector and blanket

Nuswift International Ltd, Elland, West Yorks, have introduced a new smoke detector model—quicksilver 7676 (£28 ex VAT), battery operated like its predecessor. It incorporates a dual ionisation chamber, which is claimed to make it less prone to false alarms caused by long term atmospheric variations. Nuswift have also ceased supplying their asbestos fire blanket in favour of a woven glass fabric model (£17 ex VAT). The new blanket is supplied in a flat wall pack with hanging tapes for easy release.

Canopy lighting system

Spanlite, a new canopy lighting system, has been developed by Shopkit, 50 Ivatt Way, Peterborough, and is available only with Shopkit fittings.

According to the designers, Spanlite offers more than twice the shelf illumination for only three-quarters of the electricity consumption when compared with traditional canopy lighting. Other advantages are that Spanlite allows the top shelf to be raised or lowered so that it can be illuminated and used for display at the same time, and there is no heat problem to affect delicate items. The system is also claimed to cost half as much as other lighting systems. Leaflets are available from Shopkit and installations can be seen in their London and Peterborough showrooms.

'Endless' conveyor belt

MJP Machinery Ltd, Altham Industrial Estate, Burnley Road, Altham, have introduced an "endless" conveyor system which is expected to find wide application within the pharmaceutical industries. It is a hybrid system which is as flexible as a monorail conveyor yet has the advantages of a trough belt unit. It consists of a tubular type track with a continuous belt running above. The belt is corrugated and semi-circular in cross section, and in modules supported and joined by lightweight alloy cradles. Each cradle has its own under-carriage.

Electronic lock

ARC Europa Ltd, Shakespeare Industrial Estate, Watford, Herts, have included an integral card or key reader unit (from £495 ex VAT) in their electronic digital door lock. In its basic form the lock will operate an electric door strike if the correct four figure code is entered on the recessed keyboard. With the new model the user has first to push a personal card or key into a slot in the lock and then enter a code which corresponds to that on the card or key. The code is different for each individual and has to be memorised. For extra security the code in the card or key is



This hanging basket of variegated ivy, mistletoe, cypress and pine picked out with red poinsettia flowers and holly with berries is available from Chorley Floral Products (Uxbridge) Ltd, Redford Way, Belmont Road, Uxbridge, Middlesex, as a new approach to festive displays

Incontinence—no more a shameful secret?

Incontinence is still a subject kept "under the counter"—in the same way as were menstruation and sanitary towels until the public submitted to the onslaught of advertising through the media and ceased to be shocked or ashamed. Lilia-White recently announced a retail launch designed both to help sufferers and to change attitudes. Here Keith Scrivens, new products manager, explains why the sales potential is much greater than may at first be supposed.

We are all incontinent as infants—we cannot control the passage of urine or faeces—but at that age it does not cause our mother embarrassment, dismay or great difficulty in dealing with the practical problems. If incontinence remains because of a physical or mental handicap, or returns as a result of accident or illness, the problems can be great.

In the home, few conditions are more difficult to nurse. Although it is largely a medical and psychological problem, some people seem to regard it more as a social failure, and even in this day, when frankness on almost every subject is usual, it may be difficult to mention.

Reflex actions

Passing urine or faeces are reflex actions, and dependent upon a healthy state of the nervous system. A baby will usually become "dry" by about the age of 2 years, and at the same time he is also gaining control of his bowels. If the brain or nervous system are damaged, difficulty in controlling the passage of urine and faeces may arise, depending upon the site and extent of the damage, the reflex may be lost, and incontinence result. Just as increasing control in passing urine and faeces develops in childhood, so a reverse process may occur in old age, when the nervous and muscular system is not so efficient, the psychological equilibrium may be upset, or some minor disabilities may be present and cause difficulty in maintaining full control of these functions.

Many of us will probably have some degree of incontinence in later life. It occurs in unconsciousness, major epileptic fits and in association with severe diarrhoea. Recent studies suggest that one person in every four is incontinent at the end of life, and of them, one person in every forty remains incontinent for more than a year. It can impose restrictions on our daily activities or way of life, be the reason for refusal of admission to a residential home (whether for convalescence or long-stay care), and for being unwel-

come as a visitor or as a member of any group or club. It may cause families to declare that the burden of caring for someone at home is too great, and request hospital care for their relatives. In the minds of many people it is associated with endless washing, a persistent unpleasant smell, and isolation.

There are three types of incontinence—faecal, urinary and double. Those sufferers who are faecal and doubly incontinent require special attention so it is to urinary incontinence and its management that Lilia-White's attention is focused.

Pressure on the bladder causes "dribbling" of urine. This invariably occurs during the later stages of pregnancy when the weight of the baby in the uterus presses on the bladder. The same thing occurs when there is retention of fluid in the body tissue—as there is in some women just before menstruation.

A prolapse of the uterus or an enlarged prostate gland in men also causes this type of incontinence; both can be relieved by surgery. Any swelling in the region of the bladder, or obstruction from a growth, may cause pressure with dribbling.

Classification

So persons with urinary incontinence belong to several groups—

Enuresis: urine is passed involuntarily through excitement or shock. Very common in children.

Precipitancy of micturition: urine passed too soon. Associated with the old and infirm (makes walking painful).

Neurogenic incontinence: loss of normal reflex after spinal injury, etc, less in old people when the weakening bladder muscles seem unable to hold a normal amount of urine and small quantities are passed very often.

Incontinence after major pelvic surgery: such as abdomino-perineal excision of the rectum or radical hysterectomy.

Post-prostatectomy urinary incontinence.
Incontinent rectal bladders: urinary surgical diversions.

Stress incontinence: Occurs when effort is made—coughing, sneezing, reaching or lifting. Such effort causes a small amount of urine to be passed involuntarily. It is a gynaecological condition arising from laxity of the pelvic muscles ie after childbirth.

It becomes obvious that there are thousands of women, but particularly the stress incontinent (of whom research tells us there are more than 2 million every

year) who desperately need a protective product which will give them the self-confidence to move over their doorstep.

Lilia-White plan to aid these secret sufferers with their Polyweb Dry-care range of comfort pads and incontinence pants, which have been well proved in hospitals and clinics for some time, where they have been supplied by S&N—Southalls Ltd. Now attractively re-packed for the retail market, they are added to the Lilia-White range—representatives will be introducing them to all chemists through transfer order via Vestric Ltd. An advertising campaign through women's magazines begins early in 1978 (*C&D*, October 8).

Dry-care comfort pads are made of highly-absorbent cellulose wadding with a cover of high wet strength non-woven fabric. Measuring 16×8 inches, each pad has a removable polythene insert. This insert is to stop strike-through and to disperse urine quickly and efficiently, thus maximising the absorptive capacity of the pad. Where greater absorption is required, the polythene insert is easily removed enabling two pads to be worn.

No bulk

Dry-care incontinence pants are practical garments as well as being designed to give maximum comfort. Manufactured in a polyurethane elastomer—an open mesh material with plenty of stretch—the pant fits to the contours of the body, thus eliminating the "baby bulk bottom" syndrome and at the same time ensuring that the comfort pad is securely in position. Other plus points are that it is soft and silent—no hint of rustle to embarrass the wearer, and most important, highly durable. Ordinary plastic pants harden after several washings but the polyurethane elastomer should have up to twelve months life of regular wash and wear.

The design of the Dry-care incontinence pant is uncomplicated, having a drop front for greater ease when changing the insert pad and fastening by stretch Velcro across the top of the front panel or, alternatively, by studs if additional security is desired. Available in small, medium and large (small suitable for waist 22-28 inches and hips 28-36; medium for waist 26-32 and hips 31-40; large for waist 30-36 and hips 34-44), the pants are packed in sealed blue printed bags, bearing product description, size details, instructions for use and a "see through" section to enable the consumer to see the elastomer open mesh material.

Incontinence has been on the secret list for centuries. Lilia-White now hope that with the attractive and eye catching packs (with removable label for discreet shopping), advertising which will reach stress incontinence sufferers, and with products which combined will ensure comfort and security, stress incontinence will cease to be a shameful secret, and instead, be acknowledged as a condition for which the essential wear for safe and happy living may be openly bought from the chemist.

EVERYBODY HAS

More than likely, that soft spot will be for Handy Andies—long time leader in the pocket pack market.

But then again, it could well be any of Bowater Scott's softer-than-soft tissues. Perhaps it's crumple soft Scotties.



Big and strong man-size pure white and rainbow bright in her size.

Then there are new Woodland Flower also crumple soft.

You'll find they are beautifully coloured pink, grey, white and lavender, in attractive cube-shaped boxes.

And of course, super-soft Andrex which is the big Bowater Scott brand leader with its massive 30% market share.



A SOFT SPOT.

Which brings us to three new arrivals to the Bowater Scott family. Libresse – a traditionally strong brand in chemists. Libresse Comfort – the softest of all towels.

And Pennywise, the first and only budget price press-on towel, available exclusively to chemists.

Each and every product has that special Bowater Scott softness. A softness that sells really hard.

Stock them and you'll see.



**FROM NOW ON, ORDER DIRECT
WHEN YOUR BOWATER*SCOTT
CHEMIST REP CALLS.**

**“Briers,” they said, “here’s
£½ million, go and sell our new
Instant 10.”**



Polaroid® and Polatriplet® are registered trademarks of
Polaroid Corporation, Cambridge, Mass. U.S.A.
Polaroid (U.K.) Ltd., Ashley Road, St. Albans, Herts. AL1 5PR.
© Polaroid Corporation 1977.

ME: "By the way, what's the price of Polaroid's Instant 10?"

POLAROID: "Lowest on the market for instant colour pictures."

ME: "Ah-hah, the film then, surely that's...?"

POLAROID: "No, Type 88 is the lowest-priced instant colour film you can buy. The pictures develop in only 60 seconds."

ME: "Well what *have* you got that's expensive then?"

POLAROID: "£½ million worth of advertising isn't exactly peanuts you know, then there's your fee for appearing in the TV..."

ME: (rapidly changing the subject):
"They tell me there's also an Instant 20 in the range for instant colour and black and white. An Instant 30 too, that can use

five kinds of Polaroid film – astonishing."

POLAROID: "Haven't you forgotten something?"

ME: "Oh, that bit about they all feature an electric eye, electronic shutter, Polatriplet 3-element lens, built-in flash assembly, and they can all use the lowest-priced instant colour film there is (pause for air). Now how could I forget that!"

POLAROID: "Well, your first job is to tell the trade to stock-up for a huge demand this Christmas. Maybe run their own ads and use the display material we provide."

ME: "But doesn't everybody always say that?"

POLAROID: "Ah, but not everybody has the lowest-priced instant colour system on the market."

ME: "Good point."

POLAROID
INSTANT 10



A totally soluble aspirin-based analgesic pharmacists can confidently recommend for the relief of pain, including migraine headache.

Following intensive research and trials into soluble vehicles for acetylsalicylic acid, Nicholas Laboratories have introduced a totally soluble aspirin-based tablet, Aspro Clear.

The tablets dissolve totally in water to produce a clear particle free solution which can be ingested with minimum risk of any gastric upset or irritation.

So now you can confidently recommend aspirin in the Aspro Clear formulation to all your customers for the relief of pain associated with headache, migraine headache, flu, muscular pain,

inflammation and other rheumatic symptoms.

It is particularly useful in migraine headache not only because of its high level of bio-availability but also because of its exceptional palatability. It is pleasant to take and is likely to be retained and absorbed even when nauseous symptoms occur.

Each tablet contains: Aspirin PH.Eur. 300mg. in an effervescent base equivalent to Sodium Bicarbonate 600mg. and Anhydrous Citric Acid 400mg. Samples and data sheets available on request from Nicholas Laboratories Limited, 225 Bath Road, Slough, Berks. SL1 4AU.



Nicholas

New Aspro Clear.

Aspro is a Registered Trade Mark.

Aspirin in perspective

... a *Chemist & Druggist* special feature

In 1971 the American Medical Association's council on drugs described aspirin as the drug of choice when a mild analgesic or antipyretic was indicated and the primary agent for the management of some rheumatic diseases. The following year *C&D* ran a seven-page feature on aspirin as an attempt to put over the various viewpoints and possibly "debunk" some of the myths surrounding it. But five years later in 1976 a survey by an independent research company showed that few retail pharmacists recommend aspirin when asked for a product for adult headache.

It is believed that, historically, retail pharmacy has been and continues to be the area of greatest hostility to aspirin. The survey showed that, on average, each pharmacist gets 7.23 requests per week to recommend a product for headache relief. As 65 per cent of pharmacists are unlikely to recommend consultation with the patient's doctor they suggest purchase of an OTC brand. But for adult headaches, 76 per cent will recommend a specific paracetamol brand, 13 per cent a combination or other non-aspirin brand, and only 11 per cent an aspirin brand. Unfortunately the survey does not show why aspirin is not recommended, but looking at the reasons why paracetamol is recommended—lack of side effects, won't upset stomachs, contains no aspirin—it is possible that the side effects of aspirin are given more weight than they deserve. Aspirin is one of the oldest effective synthetic drugs and probably by virtue of that, one of the most researched.

The following articles, by members of the Aspirin Foundation, are a further attempt to put aspirin into perspective. "Stomach upsets" appear to be the main criticism levelled by the public against aspirin and, as Dr Goodall says, aspirin does produce gastric mucosal damage with an increase in occult blood loss in at least 75 per cent of users. But it has been suggested that aspirin shares this effect with such popular items as curry and highly seasoned sauces.

One study that did provide convincing evidence, showed an association between aspirin and major gastro-intestinal bleeding only with regular consumption on at least four days a week for twelve weeks or more. Few purchasers of an analgesic for a headache intend such use. It is hoped that pharmacists, having read these articles, will consider the points in favour of aspirin, as well as those against when next recommending "something good for a headache".

Photos courtesy International Chemical Co Ltd



ASPIRIN IN PERSPECTIVE

Use and misuse

Dr G. R. Fryers, chairman, Aspirin Foundation

The Aspirin Foundation was established in 1974 and is supported by the following companies, Beecham Proprietaries, International Chemical Co, Miles Laboratories Ltd, Monsanto, Nicholas Laboratories Ltd and Reckitt and Colman Products Ltd. The main purpose of the Foundation is to further the scientific study and understanding of aspirin. It also acts, however, as a co-ordinating unit in clinical studies and has supported a number of these over the past few years. Despite its long history of use in the alleviation of simple ailments aspirin continues to stimulate medical interest and curiosity on an international scale.

It was at the end of the last century that work in Germany led to the manufacture and distribution of acetylsalicylic acid as a remedy for the treatment of pain. Additional properties in reducing fever and inflammation were soon attributed to the product. This synthesis of course reflected many hundred years of interest in the products of the bark of the willow tree. Salicin was first used in this country during the Napoleonic war as a substitute for cinchona for the treatment of fever. Medical historians however credit the first official publication to the Rev Edward Stone in 1763.

Most of the current medical curiosity in aspirin however, stems from the major discovery in 1971, by Vane and his colleagues, working at the Royal College of Surgeons in London. This demonstrated the relationship between the effects of aspirin and the prostaglandins. At the first symposium organised by the Aspirin Foundation in 1975 I emphasised that whilst this important development has led to a spread of scientific work with aspirin on an international scale, its wide and popular use as a simple home remedy is still probably its most important contribution to medicine.

Significance of side effects

A few basic facts about the wide use of aspirin may be of interest and are particularly useful in weighing the relative significance of effects and side effects in the total population. It has been estimated for example that 5 million headaches are treated in this country every day. This seems a staggering amount, representing just under 10 per cent of the total population, but it is certainly a significant factor in the public use of analgesics in general and aspirin in particular. Interestingly

enough public disaffection with aspirin—evident in the past—now appears to be changing and other analgesics which had been in favour are giving way again to aspirin or aspirin compounds as the more popular analgesics for home medication.

Conditions for which the public use analgesics on their own initiative

Headache	75%
Rheumatism	14%
Colds & flu	13%
Others (toothache, period pain)	8%

NB Total percentage of 110 due to analgesics being taken for more than one complaint at same time.

On a world basis it has been estimated that some 35,000 tons of aspirin a year are consumed, while something of the order of 1,500 tons are taken in the UK. This is equivalent to 45 two-tablet doses per year for every member of the population and may appear to be high. Data from other countries however, suggests that they have a higher *per capita* consumption than we do. If each of the five million headaches a day were treated with two aspirin tablets, the total consumption would be seventy per cent of all the aspirin used. In fact less than this percentage is used for headache. This figure, although below the theoretical usage for headache is still more than would be expected when the consumption of other analgesics is taken into account. There are numerous reasons for this apparent discrepancy. Research shows that about 16 per cent of people do not treat headaches and many people are deterred from treating a simple headache with aspirin because of unjustified anxiety about its safety in ordinary dosage. Another major factor will be the variation in the number of tablets per dose and, more important, the number of doses per incident of headache. The cost of aspirin as an effective home remedy is extremely small. It is probably about 30p per year for each person.

Some of the anxieties which have been expressed about the side effects of aspirin are dealt with in other articles in this special feature. Perhaps the most important of the emerging perspectives is the

increasing possibility that the higher level of aspirin usage which has been found in some studies of bleeders and gastric ulcer sufferers was due to their taking the products for the relief of their symptom and is therefore *not* an indication that aspirin caused the complication.

At the Aspirin Foundation's second symposium, to take place on November 1 at the Royal College of Surgeons in London, special papers will be given on these two subjects. In my opinion the importance of the gastro-intestinal side effect of aspirin has been over-estimated and this is particularly the case with regard to its occasional and intermittent use in normal dosages in home medication.

On the question of misuse we have important evidence that, since 1975 when child resistant packaging for children's aspirin was fully adopted, there has been a significant reduction in hospital admissions of under-five year old patients for accidental ingestion. This form of packaging is now required for all adult preparations and, if the evidence from the United States and Canada is relevant, we may anticipate further reductions in accidents to children through inadvertently taking overdosages of aspirin.

It would be fortunate indeed if all new legislation was constructive and fruitful but this is not always the case. For example in Australia there is a proposal to restrict all combination analgesics to the status of prescription-only products. In the United States there is a proposal to require that labels carry a number of warnings which are only of importance to selected people who ought to be under medical treatment. If implemented, both proposals will result in unnecessary complication and inconvenience for the man in the street.

Perhaps we are guilty of at least a lack of balance in assessing benefits and risks. If public confusion and concern is the result, may this not lead to their losing confidence in simple home remedies and turning to their general practitioner more and more for relatively simple, and even trivial, complaints?

It is clear that the readers of this journal, with their special knowledge and skill in understanding the effects and side effects of medicinal products, will exercise their professional responsibility in advising the public about aspirin and other analgesics. But side effects are often described in graphic terms which tend sometimes to overstate the problem and therefore magnify the fear.

Communication of new information is a slow process and so we must expect undue apprehensions to persist for some time.

No of tablets sold to the public (in millions)

Year	ASA	% of total	Paracetamol	% of total	Total
1973	3156	56	2524	44	5680
1974	2983	53	2654	47	5637
1975	3147	52	2868	48	6015
1976	3450	55	2872	45	6322

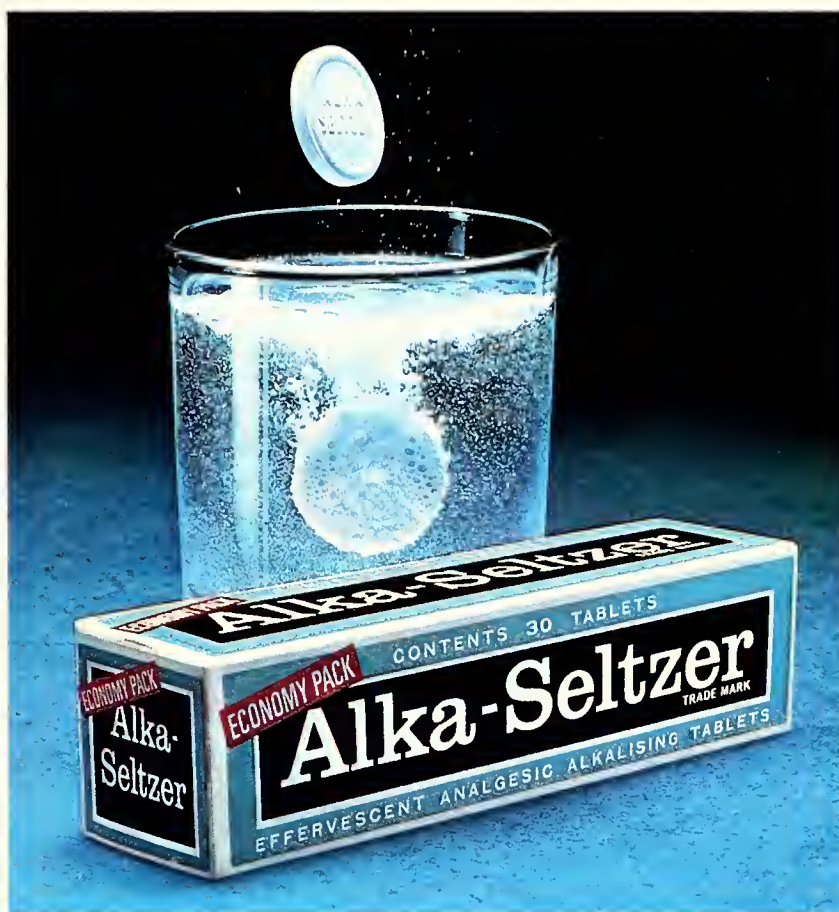
Alka-Seltzer®— sodium acetylsalicylate dissolved in a highly buffered solution.

When dissolved in water, the acetylsalicylic acid and the citric acid in the dry tablet react with the sodium bicarbonate to form sodium acetylsalicylate and sodium citrate.

A solution of Alka-Seltzer® hastens gastric emptying so as to facilitate rapid absorption of the acetylsalicylate from the small intestine into the blood stream to relieve pain and discomfort.

The high antacid buffering capacity of the solution not only maintains the sodium acetylsalicylate in an ionised fat-insoluble form, but also relieves stomach discomfort at the same time.

Alka-Seltzer® – the solution specially prepared for headache with upset stomach.



ASPIRIN IN PERSPECTIVE

Mechanism of action

by David C. Atkinson, department of pharmacology, Reckitt & Colman pharmaceutical division

Although aspirin has now been used clinically as an analgesic agent for almost 80 years, it is only relatively recently that a greater understanding of its mechanism of action has been achieved. The purpose of this article is to review the experimental work which has brought about this understanding.

The earliest considerations of aspirin's analgesic properties concerned its possible site of action: Does the drug exert this action in the central nervous system, as in the case of the narcotic analgesics (morphine, codeine etc), or at peripheral sites? A possible answer to this question came from studies which showed that sodium salicylate and like-acting drugs elevated the pain threshold of inflamed but not normal rat paws.¹ In contrast, narcotic analgesics raised the pain threshold of both normal and inflamed paws. A similar profile of analgesic action was subsequently demonstrated for aspirin.² This selective analgesic action of aspirin and like-acting drugs suggested that they had a local rather than a central site of action.

Evidence of site of action

Direct evidence to support such a site of action came from the classic experiments of Lim and his colleagues³ who connected the circulation of a donor dog to the splenic circulation of a recipient, the splenic nerve supply of which was left intact. Nociceptive responses (eg vocalisation, struggling etc) were elicited in the recipient by the injection of the pain-producing polypeptide bradykinin into the splenic artery. When administered intravenously to the donor, aspirin blocked the nociceptive response in the recipient but failed to do so when administered into the circulation of the recipient. In contrast, morphine blocked the nociceptive response when given to the recipient but was ineffective when given via the donor's circulation. Thus it was clear from this experiment that for aspirin to be analgesic it had to be administered at the site of painful stimulation, that is, the drug had a local action. This conclusion was supported by the results of subsidiary experiments³ which included the demonstration that aspirin blocked the appearance of action potentials elicited in the splanchnic nerve by bradykinin, whereas morphine had no such effect.

Therefore, by the mid-sixties, there was good evidence available to support the view that aspirin exerted its analgesic action at peripheral sites although the

precise mechanism involved was not yet clear. In a detailed analysis of the pharmacology of aspirin, Collier⁴ considered the possibility that aspirin, which he characterised as an antidefensive drug, could act by inhibiting the release or activity of a local hormone which mediated defensive reactions. It had previously been shown that aspirin antagonised bradykinin-induced bronchoconstriction in guinea-pigs but in a somewhat capricious manner.⁵⁻⁶ Collier⁴ concluded that aspirin probably did not directly antagonise kinins but rather that it inhibited some mechanism which was activated by kinins, such as the release of an intermediary substance.

Prostaglandin inhibition

The accuracy of this conclusion was borne out by the subsequent discovery of Vane and others⁷⁻⁹ that aspirin and like-acting drugs inhibited the biosynthesis of prostaglandins. Although this discovery led Vane⁴ to propose that this biochemical property could account for the anti-inflammatory and antipyretic activity of aspirin, it could not provide an easy explanation of its analgesic activity owing to the apparent lack of algesic action of prostaglandins injected intradermally into humans.¹⁰ Nevertheless, prostaglandins had been shown to induce headache in man following intravenous infusion,¹¹ so inhibition of their release could at least explain the relief of headache by aspirin. However, a re-examination of the algesic properties of prostaglandins revealed that they could cause pain when administered to either humans¹²⁻¹⁴ or animals.¹⁵

The most significant finding was the demonstration that physiological concentrations of prostaglandins infused subdermally into volunteers sensitised pain receptors to other inflammatory mediators such as histamine or bradykinin.¹⁶ This and subsequent experiments¹⁷⁻¹⁸ have led to the now widely-accepted view that aspirin and like-acting drugs exert their analgesic action by blocking the sensitising action of prostaglandins on pain receptors via inhibition of their release.

The proposed mechanism of analgesic action of aspirin appears to be consistent with its analgesic profile in both experimental animals and man. Firstly, it both admirably explains and is consistent with the observed selectivity of aspirin's analgesic action discussed above. Thus, on the basis of the proposed mechanism,

aspirin would be expected to inhibit pain in conditions associated with prostaglandin release, as in inflammation, but to be relatively ineffective against pain occurring in conditions in which there is little or no prostaglandin release, as in normal skin subjected to pressure. Secondly, it is consistent with the local action so elegantly demonstrated by Lim and his colleagues.³ Thirdly, it is likewise consistent with the observation that the more potent inhibitory effect of aspirin on prostaglandin biosynthesis *in vitro* relative to its parent analogue sodium salicylate⁷ is paralleled by its more potent analgesic action in both animals and man.⁴

Inflammatory pain

Finally, it is of interest to consider the relationship between the analgesic action of aspirin and its anti-inflammatory activity. Since both actions are considered to result from inhibition of prostaglandin biosynthesis, it is axiomatic that there is a definite relationship. Furthermore, it seems logical to assume that since inflammatory pain is the result of inflammation, inhibition of the inflammation will automatically lead to a lessening of such pain. However, such a relationship does not seem to hold for aspirin since, in man, it inhibits pain more potently than it does inflammation. The normal analgesic dose for aspirin is 600 mg (which produces a marked inhibitory effect on prostaglandin biosynthesis⁸) yet doses in excess of 3.6 g per day are required to achieve anti-inflammatory activity. This observation has prompted doubts concerning the relevance of inhibition of prostaglandin biosynthesis by aspirin to its anti-inflammatory activity,¹⁹ which instead may result from inhibition of a relatively less sensitive biochemical process associated with inflammation.

References

1. Randall, L. O. and Selitto, J. J., 1957. *Archs int. Pharmacodyn. Ther.*, 111, 409.
2. Gilfoil, T. M., Klavins, I. and Grumbach, L., 1963. *J. Pharmac. exp. Ther.*, 142, 1.
3. Lim, H. K. S., Guzman, F., Rodgers, D. W., Goto, K., Braun, C., Dickerson, G. D. and Engle, R. J., 1964. *Archs int. Pharmacodyn. Ther.*, 152, 25.
4. Collier, H. O. J., 1969. *Adv. Pharmac. Chemother.*, 7, 333.
5. Collier, H. O. J. and Shorey, P. G., 1960. *Br. J. Pharmac. Chemother.*, 15, 601.
6. Bhoola, K. D., Collier, H. O. J., Schacter, M. and Shorey, P. G., 1962. *Br. J. Pharmac. Chemother.*, 19, 190.
7. Vane, J. R., 1971. *Nature New Biology*, 231, 232.
8. Smith, J. B. and Willis, A. L., *ibid.* 235.
9. Ferreira, S. H., Moncada, S. and Vane, J. R., *ibid.* 237.
10. Crunkhorn, P. and Willis, A. L., 1971. *Br. J. Pharmac.*, 41, 49.
11. Bergstrom, S., Carlson, L. A. and Weeks, J. R., 1968. *Pharmac. Rev.*, 20, 1.
12. Karim, S. M. M., 1971. *Ann. N.Y. Acad. Sci.*, 180, 483.
13. Collier, J. G., Karim, S. M. M., Robinson, B. and Somers, K., 1972. *Br. J. Pharmac.*, 44, 374P.
14. Gillespie, A., 1972. *Br. med. J.*, 1, 150.
15. Collier, H. O. J. and Schneider, C., 1972. *Nature New Biology*, 236, 141.
16. Ferreira, S. H., 1972. *Nature New Biology*, 240, 200.
17. Ferreira, S. H., Moncada, S. and Vane, J. R., 1973. *Br. J. Pharmac.*, 49, 86.
18. Moncada, S., Ferreira, S. H. and Vane, J. R., 1975. *Eur. J. Pharmacol.*, 31, 250.
19. Smith, M. J. H., 1975. *Agents and Actions*, 5, 315.

A balanced formula for the relief of pain



Many pharmacists know that ANADIN,* when taken in the recommended doses, is an effective analgesic and febrifuge. ANADIN acts quickly in the most commonly encountered aches and pains—headaches, neuralgia, rheumatism, colds, influenza and dysmenorrhoea. It is also invaluable for pain following tooth extraction. The balanced combination of ingredients is well tolerated and provides therapeutic efficacy with minimal risk of side or after effects.

You can confidently recommend

ANADIN

to your customers

INTERNATIONAL CHEMICAL CO., LTD.

Chenies Street, London WC1E 7ET. Telephone: 01-636 8080



Available in packs
of 4, 8, 24, 50 and
100 tablets.

**Trade Mark*

Formula: each tablet contains

Aspirin 325 mg, Salicylamide 65 mg,
Caffeine 14.8 mg, Quinine Sulphate 1.0 mg.



Rheumatism sufferers want relief from pain. Fynnon Calcium Aspirin eases their stiffness, too.

Analgesia, plain and simple, just isn't enough to deal with a bout of rheumatism.

The stiffness which results from inflammation round joints and muscles has to be eased before a completely satisfactory result is achieved. That's why Fynnon Calcium Aspirin is so useful. With 1,000 mg aspirin per dose, Fynnon Calcium Aspirin relieves rheumatic pain and eases stiffness.

Acceptability is important too—that's why Fynnon Calcium Aspirin is soluble and has a pleasant lemon flavour.



NATIONALLY ADVERTISED

Fynnon Calcium Aspirin

The rheumatism treatment you can recommend with confidence.

Fynnon Calcium Aspirin is available in two pack sizes: 24 and 48 tablets.
Each tablet contains: Aspirin 500 mg, Calcium Carbonate 150 mg, Anhydrous Citric Acid 50 mg in a base containing Saccharin Sodium, Sodium Lauryl Sulphate, Micro-crystalline Cellulose, Starch, Talc.

BEECHAMS PROPRIETARIES LIMITED, BEECHAM HOUSE, GREAT WEST ROAD, BRENTFORD, MIDDLESEX.

New horizons for an old drug

By Dr Thomas L. C. Dale, chief medical adviser, Beecham Products

Aspirin, which has been used in clinical medicine since 1899, still has the propensity to surprise. Recent discoveries suggest new applications and indications for this venerable drug. These possible new uses extend considerably its pharmacodynamics, which are usually described as analgesic, antipyretic and anti-inflammatory. This article is concerned with the new areas of interest generated by a comparatively simple organic chemical that was described even in 1957 as "the mighty aspirin".¹

1. Thromboembolic conditions

These include myocardial infarction, post-operative thromboembolism, transient cerebral ischaemic attacks and amaurosis fugax (temporary blindness from spasm of the retinal arteries).

Aspirin inhibits platelet aggregation both *in vitro* and *in vivo*² and the effect is long lasting. A single dose of 1.8g aspirin inhibits platelet aggregation for from four to seven days.² O'Brien³ found that 0.15g aspirin inhibited aggregation for one to five days. The same worker showed that the mechanism of action was that aspirin inhibited adenosine diphosphate (ADP) release from platelets. This release contributes to the adhesion of platelets which, once started, is self-perpetuating, since more ADP is released by aggregated platelets. In his paper, O'Brien suggested that the changes in platelet adhesivity induced by aspirin would justify a therapeutic trial of the drug in individuals at risk from thrombosis. Wood⁴ after reviewing the platelet-aggregation mechanism behind arterial thrombosis and embolism, went so far as to suggest that men over the age of twenty and women over the age of forty should take one dose of 325mg aspirin a day on a chronic, long-term basis. Exceptions would be those in whom aspirin was contraindicated. In passing, it is worth recalling that prostaglandin E₁ inhibits ADP-induced platelet aggregation.⁵

Myocardial infarction: Study I of the Boston Collaborative Drug Surveillance Programme⁶, which started in 1966, showed a strong negative association between regular aspirin intake before admission and a discharge diagnosis of acute myocardial infarction. It was on the strength of this finding that study II was undertaken during the first ten months of 1972 to obtain additional data. The second study again

showed a negative association between regular aspirin use and the development of acute myocardial infarction. Elwood⁷ investigated the effect of a single daily dose of aspirin in the prevention of recurrence of infarction in 1,239 men who had had a recent myocardial infarct. The results were statistically inconclusive though there was a reduction in total mortality of 12 per cent in six months and 25 per cent at twelve months.

So the Boston study showed an apparent decrease in mortality from myocardial infarction while Elwood showed an apparent decrease in frequency of reinfarction. These types of study are currently being conducted in various centres, for example the US Coronary Drug Project, and the results will be published as the work is completed.

As well as aspirin alone, the Persantin-aspirin Reinfarction Study (PARIS)⁸ is testing a combination of dipyridamole and aspirin as a preventative of recurrent myocardial infarctions. The results should be available later this year. All these trials will continue until the value of aspirin has been decided definitely one way or the other. Unfortunately, the ubiquity of aspirin makes the organisation of scientifically valid trials extremely difficult.⁴ How can members of a control group be persuaded to forgo aspirin if they believe there is the slightest possibility of a benefit? Possibly the answer lies in using highly motivated, reliable and dedicated groups such as pharmacists.

Thromboembolism: From Germany⁹ have come some promising results of the benefit of the antithrombotic action of aspirin in the prevention of thromboembolism after operation. A high dose of 1.5g three times a day was given, beginning in most cases before operation and continuing until the fourteenth post-operative day. The authors concluded that the antithrombotic effect was strikingly or significantly proved for several groups. There were no serious side effects. A slight increase in bleeding from the site of operation was noted. Prior to the publication of the German report, there was a Medical Research Council-sponsored double-blind randomised trial¹⁰ into the effect of aspirin on post-operative deep venous thrombosis in which 303 patients over the age of 27 admitted for elective surgery were given either 600mg aspirin or a placebo during

the 24 hours preceding operation and on the first five post-operative mornings. There was not even a marginal benefit from aspirin, even though there was good evidence that the dosage was adequate as judged by marked impairment of platelet aggregation.

Cerebrovascular disease: This is another area where the use of aspirin may provide a benefit. Transient cerebral ischaemic attacks are an important manifestation of cerebrovascular disease with an annual incidence of 183.5 per 100,000.¹¹ This is about a third as common as the "typical stroke".¹² The cause is probably recurrent emboli to the brain as a result of the formation of platelet aggregates. Related to this is amaurosis fugax. Mundall¹³ describes a case which responded dramatically to aspirin. A dose of 600mg four times daily suppressed the abnormal platelet aggregability which led to the episodes of blindness.

Aspirin appears to be of no value in the treatment of acute peripheral arterial insufficiency,¹⁴ though it does seem to lower the vascular occlusion rate in patients with diabetic angiopathy.¹⁴

At the moment the picture is confused. It may well be that aspirin and other platelet-active agents will be proved to be more effective in the prevention of arterial rather than venous thrombosis. The explanation probably lies in a difference in pathogenesis.

2. Malignant disease

Kolinich¹⁵ reported that under experimental conditions aspirin was as effective in containing the spread of malignant disease in mice as the more potent drugs heparin and warfarin. Metastases were associated with thrombus formation¹⁶ as well as platelet aggregation.¹⁷ The known effects of aspirin on platelet aggregation would explain, at least partially, a reduction in the metastatic properties of a tumour. In 1973, Powles and his colleagues¹⁸ reported that they were looking at the possible anti-metastatic effect of aspirin from another aspect. They had examined the effect in rats of concurrent aspirin and indomethacin on the development of osteolytic bone deposits, and resolved that the development of bone metastases might depend on the production of osteolytic substances such

Continued on p633

Bleeding—an overstated risk?

by Dr J. S. Goodall, assistant medical director, Miles Laboratories Ltd

No pathological cause can be found for about a quarter of the cases of severe bleeding from the gastro-intestinal tract. Suspicion has fallen on aspirin as a cause of such bleeding, for several obvious reasons; it is a common household remedy and is known to produce gastric mucosal damage with an increase in occult blood loss in at least 75 per cent of users; it promotes back diffusion of hydrogen ions into the mucosa; careful history taking often reveals aspirin ingestion shortly before the onset of haematemesis or melaena.

The association between aspirin and major gastro-intestinal bleeding was first proposed just before the second world war^{1,2}, and since then much experimental, clinical and epidemiological work has been undertaken in an effort to prove that aspirin occasionally causes major bleeding, yet definite proof still eludes us. Langman³, performed gastroscopy on 30 patients admitted to hospital with radiologically negative acute gastro-intestinal bleeding. Only three were shown to have a gastric erosion, and of these one had taken aspirin and two had not. Biopsy failed to disclose any differences between those patients who had taken aspirin, and those who had not.

Epidemiological studies have suffered from difficulty in constructing appropriate

control groups. Dunnell and Cartwright⁴, recorded that 41 per cent of a consumer population admitted taking analgesics, most of them containing aspirin, within the past 14 days. A similar figure of 37 per cent was found in the USA as a result of looking for salicylates in the blood of blood donors⁵. The relevance of these observations emerges from a table published by Langman⁶ (table 1).

Criticism of studies

Not only do the figures for aspirin consumption by control patients vary from 4 to 44 per cent, but in 5 of 8 studies the figures are less than 20 per cent. From the figures quoted earlier, this is only about half of the analgesic consumption to be anticipated on a random basis. Langman also criticised the selection of control groups. The individual in the next bed may have been admitted with a stroke, and have poor memory for antecedent events, or, he could have been admitted some time before and not remember his salicylate intake; dyspeptic patients attending outpatients may have been advised not to take aspirin in case it made their dyspepsia worse. In none of the studies listed do the interrogators appear to have been blind as to which subjects were bleeders and which were not. It is difficult to accept that patients who were known bleeders

were not interrogated more thoroughly than were non-bleeders, unless each patient was questioned strictly in accordance to a questionnaire. None of the studies state that this was the interrogation method employed.

At first sight, much evidence seems to incriminate aspirin as a cause of major bleeding. None of the investigators seem to have examined closely the reasons for aspirin ingestion. The aspirin might have been taken, not for some other illness or complaint, but for the prodromal symptoms of gastro-intestinal bleeding. Such symptoms as weakness, sweating, dizziness and nausea may precede overt bleeding by 48 hours or more and can be misinterpreted by the patient as symptoms of an influenza-like illness being treated by aspirin. Lange⁷ noted that almost half of his series of 96 patients admitted with gastro-intestinal bleeding had taken salicylates just before admission, and acknowledged that in some cases the drug had clearly been taken for symptoms caused by bleeding.

Convincing evidence

There is only one published large scale, case-controlled study which provides more convincing evidence of an association between aspirin and major gastro-intestinal bleeding. This is the Boston Collaborative Drug Surveillance Programme report of 1974⁸, which considered 25,000 consecutive medical and surgical admissions to 24 hospitals and attempted to relate drug consumption during the preceding 12 weeks to the disease causing admission to hospital. This investigation revealed a statistically significant relationship between regular aspirin consumption (on at least four days a week for 12 weeks or more) and major upper gastro-intestinal bleeding, with a hospital admission rate of 15 per 100,000 such regular users per year. No significant increase in the risk of gastro-intestinal bleeding was noted among people taking aspirin less often than on four days a week. The study unfortunately provided no information about the relationship between aspirin and severe bleeding where predisposing conditions were present, such as chronic peptic ulcer disease. There is an intriguing difference in the Boston Study, between the bleeding patients and the non-bleeding patients (who were regular aspirin users) a

Table 1: Control groups used in investigations of the role of aspirin in inducing gastro-intestinal haemorrhage

Authors	% Aspirin takers	Type of control used
Muir and Cossar, 1955	Approx. 5	Occupant of the bed on the right-hand side of the patient with bleeding.
Brown and Mitchell, 1956	40	Hospital admissions to medical, surgical and gynaecological wards.
Kelley, 1956	4	Patients with myocardial infarction.
Lange, 1957	18	Ulcer patients without any evidence of bleeding.
Allibone and Flint, 1958	44	Nonthoracic surgical emergency or accident cases.
Alvarez and Summerskill, 1958	17	Dyspeptic patients referred to an outpatient clinic.
Muir and Cossar, 1959	16	Occupant of the bed on the right-hand side of the patient with bleeding.
Parry and Wood, 1967	32	All other patients admitted to medical wards during the survey period.

Table 2

Reason for taking aspirin	Non-bleeders %	Bleeders %
Headache	57	36
"Pain"	30	36
Other reasons (not specified)	13	28

regards the reasons for taking aspirin (table 2).

These differences could be explained on the basis that a number of the bleeding patients took aspirin for "pain" and other reasons which were symptoms caused by some condition which itself predisposed to bleeding. Such an explanation certainly cannot be excluded by the information available.

Winawer and his colleagues⁹, in 1971, considering a series of patients admitted with severe haematemesis, found in 8 patients who bled massively from acute haemorrhagic gastritis following aspirin ingestion, that all but one had underlying chronic gastritis. In their opinion, the combination of mucosal abnormality, together with the presence of some residual acid and pepsin secretion, rendered the stomach susceptible to damage by aspirin. This theory conflicts with the commonly accepted view of the importance of hydrochloric acid in producing mucosal damage following aspirin ingestion, for a decrease in acid secretion, even to the point of achlorhydria is common in chronic atrophic gastritis.

Could some as yet unknown idiosyncrasy predispose to bleeding following aspirin? This appears to be refuted by work which showed that patients who had suffered a major haemorrhage following aspirin showed no greater occult blood loss when rechallenged with aspirin than did normal controls. All published series of cases which purport to reveal an association between aspirin and diagnostically negative acute bleeding include cases where aspirin has not been taken. Some other factor must be responsible in these cases, and it is possible that the same unknown factor is responsible, in whole or in part, for cases attributed to aspirin alone.

No parallel with consumption

Parry and Wood¹⁰, wrote in 1967 that "although aspirin ingestion is linked with the development of overt haemorrhage, there is no evidence to show that this link is necessarily of causal incidence", and this statement still stands today. Langman⁶ concluded his review by assessing that it was impossible to state that aspirin played a major role in inducing gastroduodenal bleeding and drew particular attention to the considerable rise in hospital admission rates in England and Wales for haematemesis and melaena (cause unknown) between 1958 and 1969, yet during the same period, the annual consumption of aspirin preparations in the United Kingdom had changed little, or may even have fallen slightly. Langman remarked that the lack

of parallelism with aspirin consumption was obvious.

If the Boston Collaborative Drug Surveillance Programme data is taken at face value and it is accepted that a relationship exists between the occurrence of gastrointestinal bleeding and regular (four days a week or more) aspirin consumption, what is the risk? Most regular users of aspirin will take at least four tablets each day. On the basis of taking this dose on four days in each week, and an admission rate of 15 per 100,000 such users per year, this is equivalent to one admission per 5,546,000 tablets consumed by such users. The Boston Collaborative Group noted that the estimated attributable incidence rate of hospital admissions for

venous thrombo-embolism in oral contraceptive users is about 60 per 100,000 users per year—a rate that is currently considered acceptable.

It is suggested that the risk of haemorrhage following aspirin ingestion, in the light of the evidence presented, has been much overstated and dramatised. The risk of being injured in the home or being involved in a road accident is probably much greater.

References

1. Douthwaite, A. H., *Br. med. J.*, 1, 1143, 1938.
2. Hurst, A. and Lintott, G. A. M. *Guy's Hospital Reports* (1939) Vol 89, Part 2, p 173.
3. Langman, M. J. S., Hausky, J. H., Drury, R. A. B., Avery Jones, F. *Gut*, 5, 550, 1964.
4. Dunnell K. and Cartwright A. "Medicine takers; prescribers and holders." Publishers—Routledge, 1972.
5. Schwartz, A. D., *Blood*, 1971, 38, 815.
6. Langman, M. J. S., *Controversy in internal medicine* Vol 2, p 493. Editors Ingelfinger, F. J., Ebert, R. V., Finland, M. and Relman, A. S. W. B. Saunders Co Philadelphia, 1974.
7. Lange, H. F. *Gastroenterology*, 33, 778, 1957.
8. Levy, M., *N. Engl. J. Med.*, May 23, 1974, p 1158.
9. Winawer, S. J., McCray, R. S., Bejar, J. and Zambach, N. *Arch. Intern. Med.*, 127, 129, 1971.
10. Parry, D. J., and Wood, P. H. M., *Gut*, 8, 301, 1967.

New horizons for an old drug

Continued from p631

as destructive lysosomal enzymes. Since aspirin was known to inhibit the release of enzymes from lysosomes, there could be inhibition of local osteolysis, thus obviating the development of lytic bone deposits. This they had found to occur and came to the conclusion that the anti-metastatic effect resided in the inhibition of release of lysosomal enzymes and not inhibition of platelet aggregation.

The importance of this work is that about 60 per cent of patients with breast cancer will eventually develop and die from metastases, most of whom will have extensive bone involvement.¹⁹ Other human cancers which spread to bone are those of the prostate and bronchus.²⁰ Again in 1973, Powles²¹ reported that some, though not all, of an unstated number of human breast cancers showed *in vitro* osteolysis. At the first symposium of the Aspirin Foundation, Powles²² reported that a double-blind clinical trial using aspirin had just started. Patients with primary breast cancer treated by mastectomy with or without radiotherapy would be given aspirin or placebo over a two-year period. The Powles study may lead to an entirely changed outlook, as regards pain and disability, for patients with tumours which have the potential to metastasise to bone.

3. Radiation side effects

The use of aspirin in the control of diarrhoea following irradiation of cervical cancer was reported in 1973.²³ Later Mennie and his colleagues²⁴ found that acetylsalicylate was very effective in

inhibiting diarrhoea and other gastrointestinal symptoms (colicky pain and flatulence) that often result from abdominal radiation and can prevent further necessary radiotherapy.

In a short article, it is possible to deal with these exciting advances and possibilities in only the most limited way. Much has been omitted, because the work is at a very preliminary, or largely theoretical, stage. Three examples are: the effect of aspirin on lymphokines, particularly at the lymphocyte stage; its potential as an acetylating agent; and the stabilisation of lysosomes in reacting mononuclear cells. It seems that a new aspirin-based pharmacology is to be evolved.

References

1. Clark C. A. 1957. *Practitioner* 178, 33.
2. Weiss H. J., Aledort L. M., Kochwa S. 1968. *J. Clin. Invest.* 47 2169.
3. O'Brien J. R. 1968. *Lancet* 1 779.
4. Wood L. 1972. *Lancet* ii 532.
5. Horton E. W. 1969. *Physiological Reviews* 49 122.
6. Boston Collab. Drug Survey Group 1974. *Br. Med. J.*, 1 440.
7. Elwood P. C. et al 1974. *Br. Med. J.*, i 436.
8. Douglas A. S. et al 1976. *Lancet* ii 465.
9. Loew D. et al 1974. *D. Med. Wochsch.* 99 565.
10. MRC Steering Committee, *Lancet* ii 441.
11. Acheson J. et al 1968. *J. R. Coll. Gen. Pract.* 16 428.
12. Kendall M. J. 1975. *Br. Med. J.*, i 737.
13. Mundall J. et al 1972. *Lancet* 1 92.
14. Verstraete M. 1976. *Am. J. Med.* 61 897.
15. Kolenich J. J. et al 1972. *Lancet* ii 714.
16. Coman D. R. 1961. *Cancer Rev.* 21 1436.
17. Gasic G. J. et al 1968. *Proc. Nat. Acad. Sci. USA* 61 46.
18. Powles T. J. et al 1973. *Lancet* ii 100.
19. Adair F. et al 1974. *Cancer* 33 11.
20. *Lancet* 1976 ii 1063.
21. Powles T. J. et al 1973. *Br. J. Cancer* 28 316.
22. Powles T. J. et al 1975. *Proceedings of the Aspirin Symposium* ed. Dale T. L. C. Aspirin Foundation.
23. Mennie A. T., Dalley V. 1973. *Lancet* i 1131.
24. Mennie A. T. et al 1975. *Lancet* ii 942.

ASPIRIN IN PERSPECTIVE

The advertisers — are they heroes or villains?

Mr Gerald Eva, account director, McCann-Erickson Advertising Ltd, examines the controls which ensure that analgesic advertising is both restrained, responsible and performs a public service.

Canvass pharmacists about their feelings toward analgesic advertising and you're quite likely to uncover doubts and reservations. Probe further and you'll probably find that the basis for concern is not commercially inspired but an apprehension as to whether advertisements go "too far" in their claims or persuade the public to take medication they don't need. This attitude came to the surface during the recent British Pharmaceutical Conference at Sheffield when Mr David Sharpe expressed amazement that proprietary medicine manufacturers were allowed to continue to make extravagant claims.

Are advertising claims for analgesics extravagant? Who are the arbiters of what is acceptable and what is not? In fact, there is an elaborate framework of controls within which the manufacturers operate to ensure that advertising claims are legal, restrained and responsible. This framework is characterised by a number of institutions, some voluntary, others statutory and all counselled by members of the medical profession.

Voluntary controls

The regulation of analgesic advertising starts with voluntary controls self-imposed by the industry in the form of the Proprietary Association of Great Britain Code of Advertising Practice. This code is not drawn up in isolation, but reflects a systematic dialogue on analgesic advertising between the industry and the Department of Health which recognises the need for self-regulation to continue in its present form. Thus before any advertisement is published or broadcast, it has been closely scrutinised to ensure that it conforms to this code.

Television and radio advertisements must be submitted at script stage to the Independent Television Companies Association (ITCA), who assess such scripts in the light of the Independent Broadcasting Authority (IBA) Code of Advertising Standards and Practice. This code is prepared and periodically reviewed by the IBA in consultation with the Advertising Advisory Committee, appointed by the Authority under the terms of the IBA Act 1973. The section of the code relating to medicinal products is drawn up in consultation with the IBA medical advisory panel, appointed by the Minister after consultations with professional organisations of medicine, and

composed of distinguished consultants in general medicine, pharmacology, chemistry, dentistry, veterinary science, nutrition, paediatrics, gynaecology, dermatology and conditions of the ear, nose and throat.

Members of the Advertising Advisory Committee include Mr D. F. Lewis, the Pharmaceutical Society's secretary and registrar, and Professor Sir Eric Scowen is a member of the medical advisory panel.

The following examples from the Code relating to medicines and treatments demonstrate the stringent approach to this category of advertising:

"No advertisement shall employ any words, phrases, or illustrations which claim or imply the cure of any ailment, illness or disease, as distinct from the relief of its symptoms. No advertisement shall offer any product for a condition which needs the attention of a registered medical practitioner. No advertisement shall encourage, directly or indirectly, indiscriminate, unnecessary or excessive use of medical products. No advertisement shall make exaggerated claims, in particular through the selection of testimonials or other evidence unrepresentative of a product's effectiveness, or by claiming that it possesses some special property or quality which is incapable of being established."

Sensible and sound

Pharmacists would probably concur that these principles of advertising for OTC proprietaries are sensible and sound, but would also want reassurance that each advertisement is tested rigorously against the spirit of these principles. Such reassurance can be drawn from the fact that every claim made by an analgesic manufacturer is submitted by the ITCA to at least one of the eminent consultants on the medical advisory panel. Many discussions between the advertiser and the ITCA and IBA can take place before the final expression of a claim is agreed. In the application of controls on advertising the IBA again does not operate in isolation. Contact with the Department of Health either direct or through the auspices of the Home Office ensures that the terms of reference applied by the IBA reflects the Department's current thinking and policy towards advertising.

Analgesic advertisements are of course subject to the British Code of Advertising Practice, produced under the general supervision of the Advertising Standards Authority (ASA), advised by another distinguished panel of medical consultants. The code is quite specific in that exaggerated claims are totally unacceptable and the Advertising Standards Authority campaign encouraging the public to report advertising which infringes the code is well known. It is significant that of the 4,000 or so complaints received in a year by the ASA, only a fraction of one per cent relate to analgesic advertising.

In consultation with the industry, the Department of Health has drafted the Medicines (Advertising to the Public) Regulations, and although many of the advertising codes have anticipated much of this proposed legislation, its introduction will provide further reassurance that analgesic advertising is responsible and not misleading.

Presenting a choice

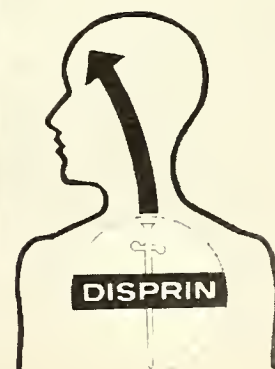
The accusation that advertising will encourage the public to consume medicines that are not needed is belied by aspirin consumption data, which if anything reveals a declining trend. What advertising of analgesics can and does do is present the headache or colds sufferer with a choice. The sufferer can then choose that preparation which he or she feels is the most effective for the given condition. The free choice principle of our community is one that none of us would voluntarily abrogate, and if the analgesic user finds that product A tends to suit better than product B, then the opportunity for distinction between the alternatives is one that we would all wish to protect.

The structure of the advertising controls system is such that claims are most carefully scrutinised by appropriately qualified practitioners, whose terms of reference are framed to avoid exaggeration or deception.

Joint concern

This, then, is the reassurance that can be offered to Mr Sharpe—that the aspirin advertisers do *not* make "extravagant" claims. In a sense, the pharmacist and the aspirin manufacturer are serving the same public, so our concern must be joint. If Mr Sharpe still has worries, the proprietary manufacturers would welcome discussion.

Straight
to the point
of pain.



South east regional conference

Nationalisation—is it a threat or a promise?

A first-class pharmaceutical service for the public should be the aim of all pharmacists—especially those in general practice—and the only way to obtain it is by nationalisation of the retail sector.

This was the opinion of Mr Philip Crees, retired hospital pharmacist, speaking last Sunday at the South east regional conference on "Nationalisation—threat or promise." He envisaged a situation where pharmacists were no longer tied to their shop for long hours, but were "liberated", working alongside other pharmacists with a corresponding improvement in their professional and social lives.

Mr Mervyn Madge, member of the Pharmaceutical Society's Council, however saw pharmacy, if nationalised, becoming a political football, with pharmacists being subservient to one master, the State, and subject to the "whims and dictates of the bureaucrats." He asked how could a pharmacist disagree with decisions taken where there would be no other employment for him? What would happen if the Pharmaceutical Society and the State clashed on policy—which side would he take?

Flexibility the key

Painting an attractive picture of nationalisation Mr Crees took as his starting point the need for the profession to take full responsibility for all pharmaceutical services at all times. He allowed that in the remoter areas technicians could dispense at a doctor's surgery but said that these technicians would be trained and approved by pharmacists. "Flexibility" should be the key word.

He recognised the need for planned distribution of pharmacies, as did Mr Madge, but he considered the only way was by nationalisation. Each pharmacy should cater for 10,000 to 15,000 people and have a staff of two or three pharmacists plus technicians and clerical workers. In a later discussion, one member of the audience questioned these figures, especially in the rural areas of Kent with its widespread population. Mr Crees admitted that he was thinking principally of the larger towns and cities and he thought that in the country areas, if pharmacies were viable they could be left as they were. He discounted the need for patient registration suggested by another member of the audience.

A more gloomy picture of nationalisation was put by Mr Madge. He drew the audience's attention to the situation in Sweden, where pharmacy had been

nationalised in the past few years. He quoted what was said there at the time: "It has been admitted on many occasions, both by the government and the medical authorities, that pharmacists and pharmacies have fulfilled their tasks very well in the past. The changes that have now been decided are entirely based on political reasons, principally that the government wanted a more direct influence on community pharmacy." Mr Madge said that pharmacists in Sweden feel "dispirited" and "frustrated" since the take-over, with a sense of being relegated to a "second-class" status.

Mr Madge's main point was that for a profession to survive it must retain its independence. If nationalised, the profession would be dictated to by non-pharmacists and would lose its power of decision and control of its destiny. He thought that service to the patient would become the last consideration. "The tragedy today," he said, "is that we have too much government control and interference. We need more freedom not less... to give reward for hard work and enterprise."

In the afternoon session, Dr Malcolm Parker, head of the school of pharmacy, Brighton Polytechnic, although not as wholeheartedly in favour of nationalisation, thought it was the only way in which the profession could achieve an identity and get full recognition. After a three year intensive scientific course, pharmacists were nowadays qualified for a full professional role, Dr Parker said, and were no longer prepared to act merely as technicians or spend much time on non-

pharmaceutical jobs. In order to carry out the job they were trained for—ensuring that the patient got a complete drug system—pharmacists needed to demand a realistic salaried structure with full governmental support. But he said it would be highly probable that, in agreeing to the demands, the government would ask something in return, namely some degree of nationalisation. Dr Parker told the story of the man who thought he was a mouse, was then cured of this delusion but was still not sure whether the cat knew he was no longer a mouse. He thought it an apt analogy for pharmacy.

Mr Ramesh Sutaria, Upjohn Ltd, spoke against nationalisation of the pharmaceutical industry. He said that the industry should be kept as a free enterprise to serve both the nation's health and economy. He quoted Mr David Ennals, Secretary for Social Services as saying that the government intended that the U.K. should remain as attractive as possible for investment in the industry.

Mr Sutaria also defended the drug companies' profits by giving figures showing that profit from sales to the National Health Service was less than that allowed to other industries which had less need for research. He showed the contribution made by the industry to export earnings and reminded the audience that only a healthy economy can provide a healthy health service.

Aids for the disabled exhibition next month

The Naidex '77 national aids for the disabled exhibition convention is to be held at the Royal Horticultural Hall, Greycoat Street, London from November 9-11. This year Hospital and Social Services Publications are joint sponsors with the newly formed Royal Association for Disability and Rehabilitation. The exhibition (admission free) is all on one floor and courtesy coach service is provided to convey disabled visitors and friends to the hall from British Rail stations Victoria, Charing Cross, Paddington and King's Cross.

The Cazenove family—actor Christopher, son Lindford, baby Rhys William and mother, Angharad Rees, of the Poldark television series—launching the Dump campaign (C&D, September 17, p382) last Sunday. The campaign will run in London for three weeks. With them (right) is Dr Richard Wilson, consultant paediatrician, Kingston Hospital



Letters

Who needs the unions?

Mr G. Urwin has represented the north east on the Pharmaceutical Services Negotiating Committee for 7 years and now seeks help from the trade unions. (C&D, October 8, p510).

It would be a sad day for pharmacy if we have to go begging to the unions and have them dictate our policy. Can you justify this Mr Urwin?

D. L. Carter
South Shields

A giant leap for pharmacy

While others delude themselves with grandeur, Xrayser deludes himself with trivia. While others make positive contributions he remains steadfastly critical and clearly cannot bear the truth when it is truth he prefers not to hear.

He does concede that some of us on the negotiating committee have been living and breathing nothing but problems day and night—but hardly only for a matter of weeks. In my own case it is over 20 years at local level and seven years nationally. During the whole of that time my own touch of scepticism has indeed grown much bigger as I have experienced at first hand the results of observing the proprieties and niceties and acting ethically in negotiations at all times. The hard fact is that the negotiating committee has used every bit of logic, every reasoned argument, and provided first class accountability—in fact done everything a responsible negotiating body can do—all to no avail.

The Government's greed in clawing back £11m profit at this particular time and their perfidy in the way they presented that fact to Parliament shows not only their contempt for us but makes Ghengis Khan seem like Mahatma Gandhi by comparison. The normal processes of negotiation have simply not been enough and that is why we must make a firm and vigorous stand. The various Employment Acts and Trade Union and Labour Relations Acts recently coming into force now provide your negotiators with very much more power than has hitherto been available to us. I believe it would be totally wrong not to use every ounce of strength legally available to us.

There are too many like Xrayser who have been taught to think in grains and minims and who still do, totally oblivious to the big world of change.

It would have done you more credit had you quoted my final words to the LPC conference in October that in proposing going to arbitration and subsequently seeking registration of PSNC as a trade

union "we are not asking for the moon—but just the taking of one small step for conference, yet one giant leap for pharmacy."

G. Urwin
Newcastle upon Tyne

Graduated on-cost

Your report of the LPC Conference (C&D, October 8, p508) is a very brave attempt to provide a precis of an event daunting to any reporter. In distilling the words of the speakers, I feel that you have missed the point of my remarks in particular.

In speaking on the Northumberland proposal to cut off redistribution of monies to contractors dispensing less than 9,000 prescriptions a year, (p509) I said that rather than being unfair to just-opened contractors, it was unfair to all contractors who happen to be doing less than that figure. If a contract had said, "if you sign to accept the terms, and the annual number of prescriptions fails to reach 9,000, you will not be entitled to make as much profit on capital employed as other contractors," then such a proposal would be fair. It was quite wrong to deny this basic requirement in an effort to

kill off the smaller contractor as a crude method of planned distribution.

Later in the meeting, before I called for a strong and united mandate to give force to the negotiations (p510), I asked for an assurance that having voted to reduce the effect of reducing the on-cost of the larger contractors, the Ennals' proposals would not be altered to reduce the redistribution to the smaller ones. That assurance was given from the platform, and the representatives clearly showed that they expected this. That would not mean that there should not be any ultimate redistribution from larger contractors. The suddenness of implementation was to be mitigated to assist cash flow problems without affecting the smaller contractors. This, as you pointed out in your editorial (p507), is a paradox. Conference agreed that additional money sought was for the sole benefit of smaller contractors to raise the level of profitability to the 16 per cent norm. If a gradual reduction in on-cost to the appropriate level, was applied to larger contractors this, surely, would temporarily increase the additional money for smaller contractors. I hope this clarifies my understanding of the intention of conference.

R. Jackson
London WC1

Not much volume growth in cosmetics market

While the fortunes of various cosmetics depend on fashion trends, consumers continue to use make-up that was fashionable in their youth for the rest of their lives. Thus, the lion's share of the lipstick market is with the middle-aged now and less than a third of all women use eye make-up once a day, with usage heavily concentrated in the 13-34 age groups.

These conclusions are published in the third report of the Economist Intelligence Unit Ltd on the UK cosmetics, toiletry and perfumery market, in the October issue of *Retail Business*. This concludes their survey of figures published by IPC Cosmetics and Toiletries Survey 1976.

Most sectors of the £200 million UK market have not made much volume growth during the past few years of high inflation. Two notable exceptions have been eye make-up and blushers—sectors where fashion trends have expanded demand—and the £80m perfumery market which has seen some real growth each year. Future trends are heavily slanted to skin care and moisturising products are expected to be a buoyant market.

Without doubt the skin care market is one of the most buoyant sectors of the cosmetic trade. The "natural" look and the moisture retention trend in skin appearance and care necessitate older women spending increasingly on skin lotions and moisturisers rather than skin-covering make-up.

In 1976 the apparent increase in sales of face care products was largely accounted for by inflation. According to results obtained for the IPC Cosmetics and Toiletry survey two thirds of women bet-

ween the ages of 13 and 64 claim to use some form of moisturiser but IPC estimate that only 60 per cent of claimed moisturiser usage was of products marketed specifically as moisturisers. The balance is made up of general purpose creams and lotions. Oil of Ulay maintains its market leadership in this field, followed by Avon and Boots products.

When looking at cleansers the survey decided that while women may spend money on facial and other make-up they opt for the less expensive products when it comes to basic skin care. The pattern for cleansers over the years both on general usage and individual brands is constant.

Toners is a small market at the moment but contrary to popular beliefs it is not a seasonal one and it caters for an important minority so that possibly the market will expand, the report continues.

In the words of the EIU, "face masks today have come a long way from the crocodile dung used by the ladies of ancient Egypt". It is still a small market—the products are used by a minority of women and tend to be used infrequently. Nevertheless there is a feeling in the trade that there is room for expansion.

The value of the perfumery market has increased steadily for many years. Even between 1973-1976 when the initial doubling of domestic sales was due largely to inflation, some real growth was taking place. The report notes that the proportion of women using perfume has not changed in five years but the market has expanded through those users wearing perfume more regularly and moving up-market.

Company News

New production site for R-M in Ireland

The Irish Minister for Foreign Affairs, Mr Michael O'Kennedy, TD, last week laid the first block for a new 30,000 sq ft R-M Chemicals Ltd factory at Gortlandroe Industrial Estate in Nenagh, Co Tipperary. R-M Chemicals Ltd, a subsidiary of Richardson-Merrell Inc, is one of the 120 overseas industries to be attracted to the mid-west region since Shannon Development Company became responsible for regional industrial development in 1968.

Since establishing in temporary premises at Roscrea earlier this year, R-M Chemicals have commenced production of Oil of Ulay in finished packaged form for export to Germany and are also producing Jenat (an intermediate compound used in the production of Oil of Ulay) for export to sister companies in the UK, France, Holland, Spain, Australia, Mexico and Africa.

The new Nenagh plant, scheduled for occupation by July 1978, will feature two fully-automatic packaging lines plus a semi-automatic line as standby. The company has an option on five acres of adjacent land for further expansion.

The block-laying ceremony was attended by Mr H. Robert Marschalk, vice-chairman of Richardson-Merrell and executives of Vick International Division.

Record US industrial investment in Eire

New US industrial investment in Ireland will reach an all-time high level this year according to the Irish Minister for Industry, Commerce and Energy, Mr Desmond O'Malley. Speaking at the end of a week-long industrial promotional tour of the USA, Mr O'Malley announced that a further seven US firms have now decided to set up new facilities or to greatly expand existing plants in Ireland. The seven new projects are being established with the aid of substantial cash grants from the Industrial Development Authority.

Among them, Masti-Kure Products Co of Norwich, Conn, is to establish a plant at Kanturk, Co Cork. The products will include a preparation for the treatment of mastitis and "medical plastic products" such as containers and other forms of packaging.

Wellcome entomology unit

Construction of a new £1 million veterinary entomology building has commenced at the Wellcome Research

After laying the first block of the new factory for R-M Chemicals Ltd at Gortlandroe Industrial Estate in Nenagh, Mr Michael O'Kennedy, TD, Irish Minister for foreign affairs (centre), is shown an artist's impression of the completed plant by Mr H. Robert Marschalk, vice-chairman of the parent company, Richardson-Merrell Inc (left) and Mr Gerry Houlihan, plant manager, R-M Chemicals Ltd.



Laboratories, Berkhamsted Hill, Hertfordshire. Among the subjects to be studied are new types of insecticide, including the "environmentally friendly" synthetic pyrethroids, and acquired resistance to existing chemicals. Completion of the building is expected in late 1978.

Willows Francis expect another good year

Commenting on the record results achieved in the year to June 30, the chairman of Willows Francis Ltd, Mr A. J. Cornforth, says in the annual report that the company had concentrated on promoting their most profitable lines, improving the quality of products, premises and service, and controlling costs. Exports were increased by nearly 25 per cent, the dental and medical division at Epsom being the major contributor.

Several important tenders from overseas governments were won against international competition, and the company is now believed to be the world's most efficient and lowest cost producer of high quality local anaesthetics. The veterinary division continued to perform well and the chemist division made a useful contribution to the overall profit.

Finally, the chairman says that trading in the first three months of the current financial year indicates continued progress, and in the absence of unforeseen circumstances "I look forward to another good year." (Company results, *C&D*, September 10, p369.)

Nestle plan to take over Alcon Laboratories

According to a *Financial Times* report, the Nestle Group are proposing to bid for the shares of Alcon Laboratories, whose headquarters are at Fort Worth, Texas. An offer of \$42 per share in cash (total \$276m) is to be made as soon as Nestle have completed a financial and operational review of Alcon, probably in about four weeks' time. The terms have been agreed by the Alcon board.

About 35 per cent of Nestle's turnover

is already in the USA, but the offer from Alcon will be the group's first move in pharmaceuticals apart from a small proprietary medicine operation run by L'Oreal, in which Nestle have a stake.

Alcon was founded some 30 years ago and in the last five years turnover has risen at an annual rate of 20 per cent reaching \$81.6m in the year to April 1977. Net income was about \$9m. About 43 per cent of sales are outside the USA.

A & W to expand plant

Albright & Wilson Ltd are to spend £1.2m on projects for expanding the production of toluene-derived chemicals at Warrington Bank, Widnes. Completion date is expected to be mid-1978.

The capacity of the plant for the continuous chlorination of toluene is to be increased by 40 per cent, and £450,000 to be spent on expanding the capacity for benzyl cyanide by 50 per cent to 5,000 tons per annum. A & W claim to be the world's largest producer of benzyl cyanide, used in production of penicillin.

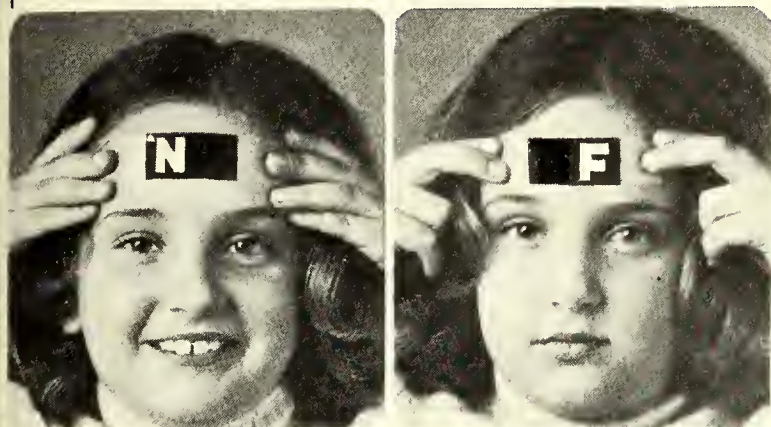
Appointments

Abbott Laboratories Ltd: Mr Ian Keena has joined as commercial director.

Albion Soap Company Ltd: Mr Keith Coldman has been appointed an executive director as from October 1. He joined the company in 1975 as marketing and sales manager.

Regent Laboratories Ltd: Mr R. B. Kemp has been appointed to the new position of chief pharmacist. Mr J. A. Laws has been appointed operations manager responsible for all commercial and material activities. He was previously commercial manager. Mr A. Bailey, previously sales development manager, is now UK sales manager, and Mr D. Crocker has joined the company as export sales manager. Mr A. J. Woolfe has been promoted to production manager with additional responsibility for product development. He was previously responsible for quality control. Mr F. Flynn, previously training officer, becomes manufacturing manager.

Fever?



NO

YES

THE RAPID TEMPERATURE TEST
convenient:long lasting:safe

The answer in 15 seconds

Fever-tester

New method of
checking temperature

**A quick visual guide based on
microencapsulated liquid crystals.**
**Scientific accuracy . . . Not a
gimmick. Each unit is conveniently
packed in a plastic wallet for the
pocket or handbag.**

Display box of 50 units
£25.50 plus £2.04 VAT

Suggested retail . . . 79p
New accounts, cheque with order please (£27.54)
AGENTS WANTED MOST AREAS

GLOBAL PHARMACEUTICS LIMITED

62 Kenilworth Road, Edgware, Middx., HA8 8XD
Tel: 01-958 5476

Methanol

Also to AR specification.

James Burrough Limited

Fine Alcohols Division 60 Montford Place London SE11
Tel: 01-735 8131

A. NELSON & COMPANY LIMITED
73 DUKE STREET, LONDON, W1M 6BY
HOMOEOPATHIC PHARMACY

Tel.: 01-629 3118 & 3119

Telex: 268312 Wescom G Attn Hahnemanelson

Full range of Medicines and Books always available.
Answering service available when Pharmacy is closed.

PORTIA PROFIT-PACKERS



EYE SHIELDS & GOGGLES
essential protection



MEDICINE TUMBLERS
AND MEASURES
accurately calibrated



FINGER AND THUMB STALLS
essential requisites



'JUSTSO' WRIST STRAPS
strong, elasticated

A CENTURY OF SERVICE
HOLDALLS & SPONGE BAGS, 'NERISSA' POWDER PUFFS,
'WATERSPRITE' FACE CLOTHS, BATH HATS & LOOFAH GLOVES,
MANICURE REQUISITES, 'EASIFIX' FINGER STALLS,
MEDICAL GLASSWARE, 'JUSTSO' WRIST STRAPS.
SEE OUR SKIN PACKED RANGE — ASK FOR FULL LISTS

PORTIA

Manufactured by SOLPORT BROS. LTD.
Goring-by-Sea, Worthing, Sussex, England.
Tel: Worthing (0903) 44861 Telex 87109.

Market News

Some chemicals dearer

London, October 19: A number of important pharmaceutical chemicals have been advanced among them citric acid (up by £35 to £37 metric ton according to type), sodium and potassium citrates, the latter being dearer by £50 ton. Other chemicals which have been increased recently include aloin, several magnesium salts, methyl salicylate, salicylic acid and pilocarpine.

Buyers of essential oils were awaiting the outcome of the Canton fair which opened this week. Meanwhile after an absence of several months there was an offer of cassia for shipment. Brazilian peppermint was down 35p kg.

Demand for botanicals has shown no improvement on the previous week and spices were quiet. A number of the latter had their prices shaded as a result of the weaker US dollar, among them cardamoms, pepper and Cochin ginger. Cape aloes, benzoin and tonquin beans were marked down again. Higher were most balsams, buchu, henbane, hydrastis, kola, sarsaparilla and witchhazel. Ipecacuanha remains difficult to find, the nominal value of Costa Rican being £10 kg, cif.

Pharmaceutical chemicals

Aloin: 50-kg lots £18.05 kg.
Ammonium acetate: BPC 1949 crystals £0.7009 kg in 50-kg lots; strong solution BP 1953 £0.243 kg in 200-kg lots.
Ammonium bicarbonate: BPC £160.70 metric ton, ex-works, in 50-kg bags.
Ammonium chloride: Pure in 50-kg lots £0.2344 kg for powder.
Ammonium tartrate: Commercial £1.56 kg in 50-kg lots.
Calcium carbonate: BP light £135 metric ton.
Calcium chloride: BP anhydrous 96/98% £0.93 kg in 50 kg lots of powder; granular £0.95; hexahydrate crystals BP 1968 £0.68.
Calcium gluconate: £1,420 per metric ton.
Calcium lactate: 100-kg lots £1.35 kg.
Calcium pantothenate: £7.29 in 25-kg lots.
Citric acid: BP granular hydrous per metric ton single deliveries, hydrous £739; anhydrous £794; five-ton contracts £735 and £790 respectively. Crystalline £171.17 and £170.17 respectively.

Iodine: Resublimed £5.49 kg in 250-kg lots.
Magnesium carbonate: BP per metric ton—heavy £550; light £430.
Magnesium chloride: BP crystals £0.68 kg for 50-kg lots.
Magnesium dihydrogen phosphate: Pure £1.7989 kg in 50 kg lots.
Magnesium hydroxide: (metric ton) BPC light £1,190; 28 per cent paste £410.
Magnesium oxide: BP per metric ton, heavy £1,350; light £1,190.
Magnesium sulphate: BP £124 metric ton delivered UK; commercial £106 exsiccated BP, £228.
Magnesium trisilicate: £1 kg (metric ton lots); £1.20 kg (500 kg lots).
Methyl salicylate: 5-ton lots £1.16 kg; 1-ton £1.20.
Pilocarpine: Hydrochloride £328 per kg; nitrate £308.
Potassium acetate: BPC £0.95 kg (50-kg lots).
Potassium ammonium tartrate: £1.47 kg in 50-kg lots.
Potassium bitartrate: £730 per metric ton.
Potassium citrate: Granular £887 per metric ton, powder £902.
Potassium diphosphate: BPC 1949 in 50-kg lots, granular £1.7583 kg; powder £1.5481.
Potassium hydroxide: Pellets BP 1963 in 50-kg lots £1.379 kg; sticks not offered; technical flakes £0.4577.
Potassium nitrate: BP, £0.89 kg for 50-kg drums.
Potassium phosphate: monobasic BPC 1949, £1.19 kg in 50-kg lots.
Potassium sodium tartrate: £797 per metric ton.
Salicylic acid: 5-ton lot £1.07 kg; 1 ton £1.08.
Sodium carbonate: Anhydrous £212 per metric ton.
Sodium citrate: Granular £739 metric ton; powder £754.
Sodium perborate: (per 1,000 kg) monohydrate £479 tetrahydrate £283.
Sodium thiosulphate: photo grade £151 per metric ton.
Zinc chloride: Granular 96/98 per cent £420 metric ton, delivered.

Crude drugs

Aloes: Cape £1,250 ton spot; £1,230, cif. Curacao £2,500, cif.
Balsams: (kg) **Canada:** firmer at £11.70 spot; £11.60, cif. **Copaiba:** £2.25 spot; £2.10 cif. **Peru:** £6.18 spot; £6.10 cif. **Tolu:** £4.30 spot.
Benzoin: Block £107 cwt spot; £106, cif.
Buchu: Rounds £2.25 kg spot; £2.05, cif.
Cardamoms: Alleppy green £5.50 kg, cif.
Ginger: Cochin £1,300 ton, cif. Jamaican withdrawn: Nigerian split £1,225 spot; peeled £1,440, cif.
Henbane: Niger £1,100 metric ton spot; £1,050.
Hydrastis: (kg) £9.70 spot; £9.65, cif.
Ipecacuanha: (kg) Costa Rica £10 cif, nominal.
Kola nuts: £360 metric ton, cif, nominal.
Liquorice root: Chinese £400 metric ton cif. Russian £350 spot; £340, cif. Block juice £1.60 per kg spot; £1.50 cif, Chinese £1.65; Iranian spray dried £1.65.
Menthol: (kg) Brazilian £10 spot and cif. Chinese £10.25 in bond; £10.25, cif.
Pepper: (ton) Sarawak black £1,420 spot; £1,300, cif. White £1,900 spot; £1,780 cif.
Sarsaparilla: Mexican £1,850 metric ton spot, £1,800 cif. Jamaican £1,900 spot; £1,850, cif, nominal.
Tonquin beans: £4.20 kg spot; £4, cif.
Witchhazel leaves: Spot £2.30 kg; £2.15, cif.

Essential oils

Anise: (kg) Spot nominal; shipment £14, cif.
Bois de rose: No spot; shipment £7 kg, cif.
Buchu: South African £140 per kg spot; English distilled £160.
Cade: Spanish £1.05 kg.
Camphor white: £0.95 kg spot and cif.
Caraway: Imported £22 kg spot.
Cardamom: English-distilled £375 kg.
Cassia: Shipment £56.66 kg, cif. English distilled from bark £120 kg.
Cedarwood: Chinese £1.22 kg. spot; £1.35, cif.
Celery: English distilled £58-£60 kg.
Citronella: Ceylon £1.35, kg spot; £1.35, cif. Chinese £2.25 spot. £2.35 cif.

Clove: Madagascar leaf, £2.40 kg spot; £2.50, cif. English-distilled £48-£50 nominal.

Coriander: Russian about £20 kg.

Geranium: (kg, cif) Bourbon £38.70. Chinese £27.50.

Peppermint: (kg) Arvensis—Brazilian £5 spot £5, cif. Chinese £5.10 spot; £5, cif. Piperata American Far-West from £25, cif.

Spearmint: (kg) American Far-West £16. Chinese spot £13, shipment £12.50, cif, nominal.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the latest quoted or accepted prices as we go to press.

Coming events

Sunday, October 23

Cambridgeshire Local Pharmaceutical Committee, Th Maltings, Ely, at 10.30 am. Area conference.

Joint Boots Pharmacists Association, Imperial Centre Hotel, Birmingham, at 2 pm. Annual meeting.

Monday, October 24

North Metropolitan Branch, Pharmaceutical Society, Presbyterian annexe, School of Pharmacy, at 8 pm. Dr R. T. Edmonds consultant in infectious diseases, Coppets Wood Hospital, on "The changing pattern of infectious diseases."

Tuesday, October 25

Fife Branch, Pharmaceutical Society, Royal Hotel, Cupar, at 7.45 pm. Talk by Miss M. Tomison (head of publicity, PSGB).

Northumbrian Branch, Pharmaceutical Society, Old Assembly rooms, Fenkle Street, Newcastle, at 7.30 pm. Dr A. M. Brown on "Medical use of hypnosis".

Bristol Branch, Pharmaceutical Society, Edward Jenner Centre, Bristol Royal Infirmary, at 7.30 pm. Talk by Dr J. F. Bea (Avon area health authority).

Wednesday, October 26

South-eastern Federation of Pharmacists, National Pharmaceutical Association, Lansdowne Hotel, King Edward's Parade, Eastbourne, at 7.30 pm. Annual dinner. Guest speaker, Mr G. Rillie (chairman, NPA).

Chiltern Region, Pharmaceutical Society, Stoke Mandeville Hospital, Aylesbury, at 7.30 pm. Dr D. Tyrrell (head of division of communicable diseases, clinical research centre, Northwick Park Hospital) on "Influenza—can it be controlled?" Lecture and scientific display sponsored by Duphar Laboratories Ltd and Duncan Flockhart & Co Ltd.

Thursday, October 27

Ayrshire Branch, Pharmaceutical Society, Savoy Park Hotel, Ayr, at 8 pm. Joint meeting with Strathclyde police.

Scottish Borders Branch, Pharmaceutical Society, Peel House, Peel Hospital by Galashiels, at 7.30 pm. Professor F. Fish (head of forensic science unit, University of Strathclyde) on "Science in crime detection".

Friday, October 28

Croydon Branch, Pharmaceutical Society, Greyhound Hotel, Park Lane, Croydon, at 8 pm. Mr L. Sheen on "Topical skin infections and infections of the gut."

Saturday, October 29

Conservative Medical Society, Pharmaceutical Society's Headquarters, 1 Lambeth High Street, London SE1, at 9.30 am. Symposium on finance of health care (with special reference to Europe).

Advance information

32nd Photo-Cine-Optique Exhibition, Porte de Versailles Exhibition Centre, Paris, November 5-13. Group travel details from Miss Rowbottom, Magnet World Travel Ltd, 132 Long Acre, London WC2. Trade information from French trade exhibitions office, 196 Sloane Street, London SW1.

Producers of

PURIFIED TALC BPC

(sterilized by gamma radiation)

Meeting the requirements of The European Pharmacopeia, BPC 1973, BP 1973 Addendum 1977, USP XIX.

FREDERICK ALLEN & SONS (CHEMICALS) LTD

Hatherley Wharf, Bow Common Lane, London, E3 4AX
 Telephone: 01-987 1260 (10 lines) Telex: 897293
 Cables: FALLFNG

The Triangle Trust helps people of the Pharmaceutical Industry

The Triangle Trust 1949 Fund is an independent charitable trust administered by a Board of Trustees. Its primary aim is the relief of hardship or distress in the case of people and their dependents employed, or formerly employed in the pharmaceutical industry in Great Britain and the British Commonwealth. Such relief may include assistance with the educational expenses of children.

The Trustees are also prepared to consider applications for financial assistance, beyond the scope of an employer's responsibilities, with education or training in general subjects, including music and the arts.

For additional information, or to apply for assistance, write to: The Secretary, Dept CD, The Triangle Trust 1949 Fund, Clarges House, 6-12 Clarges Street, London W1Y 8DH.

RIDDOBRON . . .

for asthma—the effective **INHALANT** which can be used with confidence; also a complete range of other **ASTHMA PRODUCTS**.

RIDDELL INHALERS now available under the N.H.S. include the Pocket Riddopag, Riddostat, Diritax, Riddofan, Riddocillin, Asthmator, Riddell Minor and Riddohaler.

RIDDELL PRODUCTS LIMITED

RIDDELL HOUSE,
10/14 DUNBRIDGE STREET,
LONDON E2 6JB.
Telephone: 01-739 7254/5/6.

The touch of REAL Beauty

In shades of Ivory, Natural, Ochre, Peach, Sungold, Apricot, Rachel

VAT Recommended Retail Prices:

TUBES No. 2 30p each (Trade £2.48 doz.)

TUBES No. 3 37p each (Trade £2.82 doz.)

PLASTIC JARS 62 p each (Trade £5.13 doz.)

Velouty

POWDER CREAM

The ALL-IN-ONE Make up.

A complete
modern beauty
treatment

From your usual
wholesaler or
direct from

DIXOR LTD.,
Blenheim Road,
Longmead Industrial Estate, Epsom, Surrey KT19 9AH.



Classified Advertisements

Post to Classified Advertisements, Chemist & Druggist,
25 New Street Square, London EC4A 3JA
Telephone 01-353 3212

Publication date Every Saturday.

Headings All advertisements appear under appropriate headings.

Screen 100.

Display/Semi Display £5.00 per single column
centimetre, min 25mm. Column width 42mm.

Whole Page £350 (254mm × 178mm).

Half Page £200 (125mm × 178mm).

Quarter Page £110 (125mm × 86mm).

Lineage £1.00 per line, minimum 5 lines @ £5.00.

Box numbers £0.50 extra.

Series Discounts 5% on 3 insertions or over. 10% on 7
insertions or over. 15% on 13 insertions or over.

Copy date 4 pm Tuesday prior to publication date.
Advertisements should be prepaid.

Circulation ABC January/December 1976: 14,510

Agents Wanted

AGENTS REQUIRED NOW FOR 1978 SEASON

AGENTS required to sell top class range
of sunglasses to the Wholesale Trade for
all parts of the country except the London
and Scotland areas. Good Commission.
Please apply to CROPTICS LIMITED,
Cornwall Works, Cornwall Avenue, Lon-
don, N3. Telephone 01-349 1691.

AGENT REQUIRED

to call on Chemists and Pet Shops
in Scotland. Please reply in writing
to:—Phillips Yeast Products,
Park Royal Road, London, NW10.

Our address for Box No. replies is:

Chemist & Druggist
25 New Street Square
London, EC4A 3JA
Tel: 01-353 3212

Classified Advertisements

Appointments

PRODUCTION SUPERVISOR

Our Company is part of a Group manufacturing a wide range of well known toiletry, household and pharmaceutical products. Our modern factory is situated at Stockwell within easy reach of the Northern and Victoria tube line services.

Reporting to a Production Manager, the person we are seeking must have previous supervisory experience together with a sound knowledge of the pharmaceutical industry. The factory employs some 150 packaging staff and initial responsibility will cover a range of powders, tablets, creams, and liquid filling and packaging.

The Company operates a 40 hour week over 4½ days Monday to Friday, and benefits include a non-contributory Pension Scheme, free life assurance cover, staff discount facilities, subsidised Canteen and four weeks' annual holiday. Commencing salary will be linked to experience up to £4,000 and is subject to annual review.

Please apply with details of background/experience to:
Mr. T. A. Page, Site Personnel Manager, The Sanitas Company Ltd., Sanitas House, Stockwell Green, London, SW9 9JJ.

LR/Sanitas

Trademarks

The Trade Marks included in the schedule below were assigned on 28th July 1976 from C L (Basingstoke) Limited of Telford Road, Houndmill Estate, Basingstoke, Hants, to C-Vet Limited, of Minster House, Western Way, Bury St. Edmunds, Suffolk, **WITHOUT THE GOODWILL OF THE BUSINESS IN WHICH THEY WERE THEN IN USE.**

Mark	No	Class	Goods
COLLOTONE	662845	5	Pharmaceutical preparations for human use and veterinary use sanitary substances, infants and invalids' foods and disinfectants.
COLLOTONE	897846	3	Perfumed soap, perfumes, non-medicated toilet preparations, cosmetics, preparations for the hair and dentifrices.

For Sale

PROVEN VALUE
electric adding machine

ADDMASTER
Adds, subtracts, subtotals, totals and multiplies up to 999,999.99%

ONLY £42.50 + VAT
FREE DELIVERY

The original printing, electric Addmaster, complete with guarantee and comprehensive service. Still for about half the recommended price of some manual models.

For 10-DAY MONEY BACK OFFER details, Write or phone
CLARY LTD.
12/14 LOWER ADDISCOMBE ROAD, CROYDON, SURREY CR9 6AG. Tel: 01-680 2222

FULLY FASHIONED BABY PANTS

Small, medium, large, ex-large. White and colours.

NYLON BABY PANTS

Plastic lined. White and colours.

TIE PANTS

Also Cot sheets, Plastic Bibs in plain and nursery print.

Made in England

A. & H. HEYMAN
Horndale Avenue, Aycliffe Industrial Estate, Co. Durham
Telephone Aycliffe 3307

ONE-SIZE TIGHTS from £1.80 doz. plus VAT. Min. order 6 doz. overall CWO. Carriage free. Full range Price List. Edward Kaye Ltd., 3 South Place, London EC2.

GILLETTE & WILKINSON PRODUCTS etc., wanted for export. St Albans 65588.

SENIOR SALES ASSISTANT

required at the now enlarged

Edwin R. Cooper
of Jermyn Street
St. James's

Would suit Gentleman with West End experience of high class sundries, shaving brushes, etc.

Top Salary.

Hours: 9-6, Mon.-Fri.

Ring: **Mrs. S. Walters, MPS**
930 5238

MAYFAIR PHARMACY LTD
11 Ludgate Hill, EC4
248 5519

International Cosmetic Company with unique range. Wish to expand its distribution throughout the U.K. We require live wire agents calling on department stores and chemists etc.

Apply to: **Managing Director, BONNE BELL LTD.,**
York House, Empire Way,
Wembley, Middlesex
Tel.: 01-903 3462

FRIENDLY OWNER seeks reliable pharmacist to take control of family type business near Chester. Salary £5,000 per annum + fringe benefits and pension scheme. Box No. 2498.

Miscellaneous

CHRISTMAS 1977

BAGS, WRAPPING PAPERS, PURSE CALENDARS, CREPE PAPER, CARRIERS, GIFT TAGS, GIFT LABELS, DIARIES, ETC.

Available as usual from:

JAMES TOWNSEND & SONS LTD.

P.O. BOX 12 WESTERN WAY, EXETER EX1 2AB

Write or phone Exeter 79731
for Christmas List

Orders accepted now for delivery when required

"FASHION JEWELLERY"

Jodez (Manchester) Ltd.,
34 Shudehill, Manchester M4 1EY
Tel: 061-832 6564.

Largest and most exclusive range of direct and imported continental jewellery.

Please mention
C & D
when replying to
advertisements

Shopfitting

CHROMIUM, CRYSTAL DISPLAY COUNTERS, ISLAND DISPLAY UNITS, SHOWCASES, WINDOW FITTINGS, COMPLETE SHELVING SYSTEMS with or without canopy lighting. Prompt delivery direct from the maker. See our showroom or invite us to call without obligation for instant quotation. **THIRSK SHOPFITTINGS, 741-74 Garratt Lane, London SW17 0DP. Tel: 01-946 2291 (4 lines).**

Wanted

PHARMACEUTICAL ANTIQUE Drug runs, shop interiors, bottles, etc. urgently wanted. Kindly contact **Rob Wheeler Antiques, Parklands, Park Road, Ashted, Surrey. Telephone Ashted 72319.**

WANTED URGENTLY. Old Mahogany chemist shop fittings. We remove and pay cash. **John Derham Ltd., Earsham Hall, Earsham, Bungay, Suffolk NR12 2AN. Tel Bungay 3423.**

U.K. DISTRIBUTORS for new perfume range. **Mr. B. Jelley, Millbanke Perfumery, 5 Charlwood Place, London SW1V 2LX. Phone: 01-834 6079.**

TURN THAT EXCESS STOCK into cash. We buy stock of all description, in good condition. No quantity too small. Tel: Blackburn 663532.

A. & H. OTTER LTD. (established 1920)

Largest cash stock buyers in the trade for manufacturers' clearing lines, and retailers' stocks.

8 Northburgh Street, London EC1V 0BA. Tel: 01-253 1184/5. Telegrams: "Salvall", London, E.C.1.

CLASSIFIED ADVERTISEMENTS

Situations Vacant?
Hospital
Appointments?
Trade Services?
Business
Opportunities?
Wanted?
For Sale?

A classified advertisement in Chemist & Druggist gets results.

Put it to the test by posting us your next ad. or by telephoning us on 01-353 3212.

Vernaid

REGD.
THE BRAND LEADER

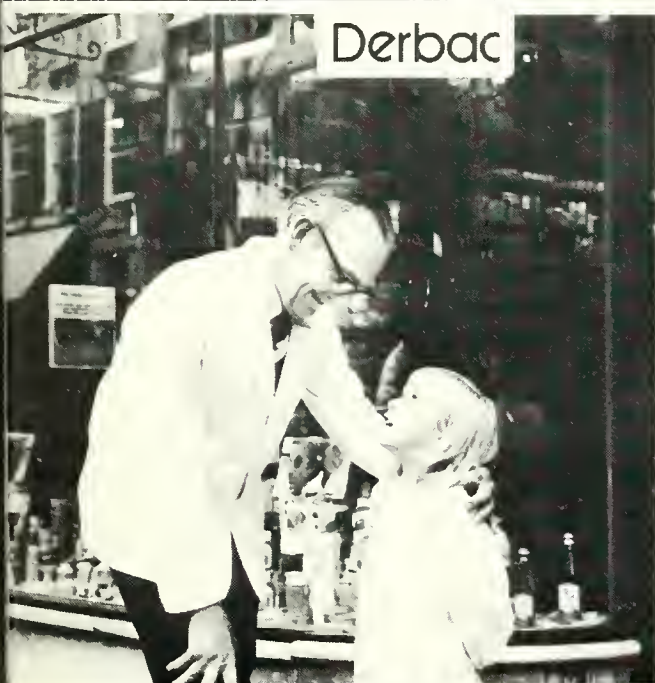
**STERILE PACKS
CONFORMING TO
THE SPECIFICATION
OF THE N.H.S.
DRUG TARIFF**



Vernon-Carus Limited

PENWORTHAM MILLS · PRESTON · LANCS. TEL. 44493/8

OBTAINABLE FROM ALL WHOLESALE CHEMISTS



What did you do in the Great Nit War, Daddy?

This September, the Health Education Council launch their National Nit Campaign.

The reason: an alarming rise in head lice infestation, particularly amongst school children.

As a pharmacist a significant action you can take against the Louse is to recommend either Derbac Liquid (Malathion 0.5%) or Derbac Shampoo (Carbaryl 0.5%).

The Head Louse has developed no resistance to Derbac (unlike the more traditional forms of treatment e.g. D.D.T.) because malathion and carbaryl are known to be effective against head lice and are the agents currently recommended by the Health Education Council.

Derbac — in liquid or shampoo form — kills lice and their nits in minutes.

What's more, Derbac is non-inflammatory (therefore perfectly safe to recommend whatever the home circumstances).

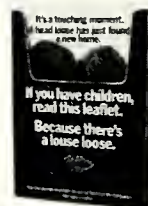
It has a fresh, clean smell, (thus avoiding embarrassment to the user).

And it's gentle on everything but the head lice.

If your child had head lice would you recommend anything else?

Derbac
De-house the louse

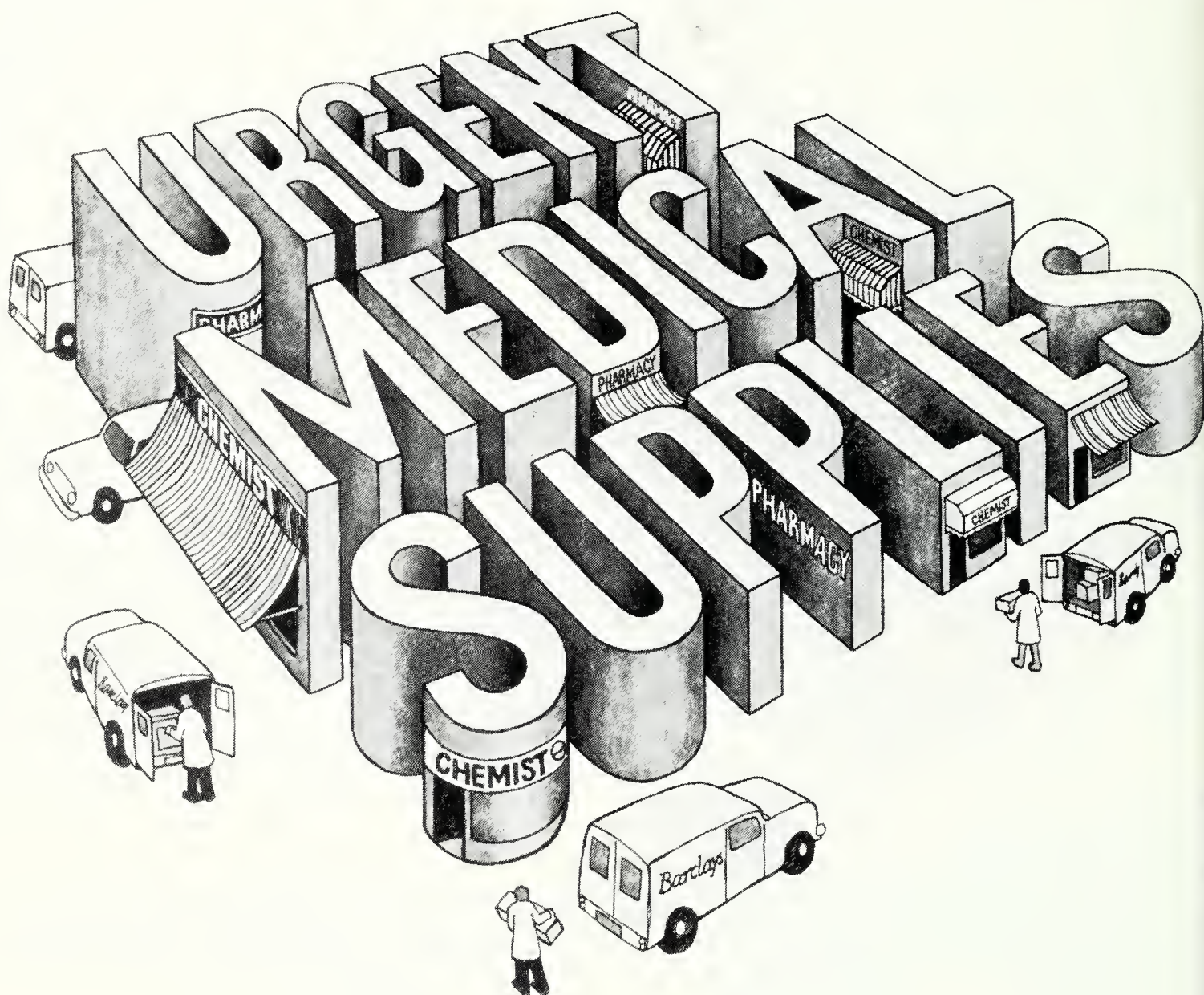
Chemist recommendation — the vital factor.



Obviously, the pharmacist's role in the National Nit Campaign is a vital one. You can help your customers — by displaying this special counter leaflet dispenser during the campaign.

For your free dispenser and leaflets write to: Dept WEM, Bengue Ltd, St Ives House, Maidenhead, Berks. Tel (0628) 33191

Barclays service makes all the difference



A large stock of medical products are just hours away from your pharmacy, when you use the Barclays service. Your telephone order will be dealt with quickly by experienced staff and delivered by one of the 230 vehicles in our national transport fleet.

Why not ring your next order to the local Barclays branch – it will make all the difference.

Barnsley 0226 6055	Cardiff 0222 564841	Grimsby 0472 58111	Northampton 0604 31615	Stoke on Trent 0782 659451
Belfast 0231 65155	Coventry 0203 462832	Horsforth, Leeds 0532 589311	Nottingham 0602 862581	Swansea 0792 34831
Birmingham 021 472 7171	Croydon 01 688 5116	Leicester 0533 881354	Portchester, Hants 07018 81124	Wednesbury 021 556 4471
Blackpool 0253 23961	Darlington 0325 61491	Leslie, Fife 0592 743255	Port Dinorwic, Gwynedd 0248 670401	York 0904 27451
Bolton 0204 73441	Eckington, Sheffield 024 683 2175	Liverpool 051 922 2732	Queensferry, Clwyd 0244 812887	
Brighton 0273 62251	Edmonton, London N18 01 803 4801	Newport, Gwent 0633 73391	South Shields 0632 552473	



Barclays

the national company with the local service